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2000 - 2001

Office of the Mayor

Rudolph W. Giuliani

Deputy Mayors

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HEALTH DEPARTMENT OF - BIWEEKLY REPORTS

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THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER

125 WORTH STREET
NEW YORK, NY 10013

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DEPUTY MAYOR OPERATIONS

NEAL L. COHEN, M.D.
COMMISSIONER
TEL (212) 788-5261
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- DOH
- copy courier

September 4, 2000

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (August 13 – August 26)

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

On Saturday, August 12, the Department announced that two residents of Staten Island tested positive for West Nile virus (WNV) at the New York City Department of Health's laboratories: a 64 year-old woman living in Great Kills, Staten Island, who became ill with symptoms of meningitis on August 4, and was admitted to a local hospital on August 6 and a 63 year-old man living in Willowbrook, Staten Island, who became ill with symptoms of meningitis on July 31, and was admitted to a local hospital on August 5. On August 11, the CDC confirmed West Nile virus in the 78 year-old Staten Island man whose illness was announced on August 4. On Friday, August 25, the Department announced that an 87 year-old woman from Borough Park, Brooklyn was admitted to a local hospital for a surgical procedure on August 7 and developed encephalitis on August 15, and an 84 year-old woman from Shore Acres, Staten Island, who became ill with symptoms of encephalitis on August 18, and was admitted to a local hospital on August 20 have tested positive for WNV. On August 30, the Department announced that a 52 year-old man from the Graniteville section of Staten Island who became ill with symptoms of meningitis on August 15, and was admitted to a local hospital on August 18, had also tested positive for West Nile virus. With the exception of the Brooklyn resident and the 87 year-old Staten Island resident who are still hospitalized, all others are at home recovering. The laboratory results were obtained by tests performed at the New York City Department of Health's laboratories, and specimens have been sent to the U.S.

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Bronx and 8 in Brooklyn), and WNV has been confirmed in **79 pools of mosquitoes** (67 in Staten Island, 3 in Queens, 7 in Manhattan, and 2 in the Bronx)

As of August 30th, the Department's 24-hour automated West Nile Virus information line has received 79,420 calls.

CONTINUING ITEMS

Medicaid Managed Care Update

Monthly plan enrollment (mandatory and voluntary) for July 2000 was 395,007. The State and City are focusing on increasing citywide awareness in an effort to bolster enrollment.

The State Department of Health received a Phase 2 Pre-Implementation Review Guide from the Health Care Financing Administration (HCFA). The State and City will use this tool as a guide to continue preparation for a Phase 2 site visit. The State and City anticipates a site visit by HCFA for this Fall.

Health*STAT Activities

DOH continues to be successful in its Health*STAT efforts. Since the start of the DOH Health*STAT initiative, 912 contact forms have been completed, 220 for Brooklyn Blitz neighborhoods and 692 for the rest of the city.

DOH Programs continue to do community outreach and education. To date, 21,371 pamphlets have been distributed citywide. This number includes pamphlets mailed out by Vital Statistics with newborn birth certificates and pamphlets handed out during face-to-face contacts.

DOH will supply volunteers for the citywide Health*STAT Back to School Initiative on September 7 and September 8.

In addition, the Division of Health Care Access has begun to operationalize its plan to be a Lead Agency for all City agencies performing facilitated enrollment functions. Health Care Access has proposed a Health*STAT unit that will consist of both community-based facilitated enrollers and facilitated enrollment application reviewers. In addition, part of the unit will be dedicated to reporting, data analysis and quality assurance.

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Hiring Improvement

A breakthrough team was launched on August 16 to make improvements in the agency's hiring process. The team includes key managers from three agency programs: divisional administration, Budget, and Human Resources. "Breakthrough" is a process in which a team works to achieve a clearly defined, measurable, "razor-sharp" goal within a period of about ten weeks. It is called "breakthrough" because a successful short-term effort is frequently a catalyst to more extensive change. The team will focus on the first stage of the hiring process, in which vacancies are identified and posted.

External Audits

Four audits of the Department are currently under way. The City Comptroller's EDP Audit is auditing the DOH LAN, and the City Comptroller's Management Audit unit is auditing the Lead Poisoning Prevention Program. The State Comptroller is auditing the monitoring of contracts by HIV Prevention, and DOH inspections of eating establishments. The HIV audit began in July. Entrance conferences for the other three audits all took place during this reporting period.

Rabid Raccoon in the Bronx

The Department confirmed the sixth rabid animal, a raccoon, in NYC for CY 2000. This is the 137th laboratory-confirmed rabid animal since the City became endemic for rabies in 1992 and this is the second rabid raccoon found in Orchard Beach in the Bronx this year.

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THE CITY OF NEW YORK
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DEPUTY MAYOR OPERATIONS

NEAL L. COHEN, M.D.
COMMISSIONER
TEL (212) 788-5261
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August 7, 2000

DOH

copy: VL

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (July 16 – July 29)

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

On Friday, August 4, the Department announced that a 78 year-old Staten Island man has tested laboratory-positive for West Nile virus. Serum and spinal fluid samples from the patient were received by the Department on July 27, tested for West Nile virus, and reported as positive on July 28. Testing at the U.S. Centers for Disease Control and Prevention (CDC) was initially equivocal on July 30, but repeat testing this past week was reported positive on August 3. Additional confirmatory test results will be available in another week. The individual became ill with symptoms of meningo-encephalitis (fever, dizziness, light-headedness) on July 20, and was admitted to a local hospital on July 22. The individual was exposed to the virus prior to the City's spraying efforts on Staten Island. After one week in the hospital, the patient was released and is now at home recovering.

In accordance with the Department's Arthropod-borne Disease Surveillance and Control Plan, and in consultation with the U.S. Centers for Disease Control and Prevention, the City has been conducting strategic ground-

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based adult mosquito control in areas of New York City. Thus far, the following areas in New York City have received treatment with adulticide:

- Staten Island: entire borough treated twice
- Manhattan: Central Park (treated twice), from 23rd Street to Dyckman Street, Roosevelt Island
- Queens: Alley Pond Park, Douglaston, Woodhaven and Richmond Hill areas.
- Bronx: 10452, and the area west of Webster Ave in 10451
- Brooklyn: 11208

In all situations, the Department applied Anvil, a pyrethroid-based pesticide approved for controlling adult mosquitoes. Anvil is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and the New York State Department of Environmental Conservation (DEC) guidelines are negligible.

To quickly detect the presence of West Nile virus in New York City, the Department of Health conducts a number of surveillance programs. Surveillance activities include the placement of approximately 120 mosquito traps at more than 70 sites throughout the City; monitoring 14 sentinel chicken flocks placed in each borough; retrieving and testing dead birds reported to the Department by New York City residents; and working closely with the medical community to identify potential cases in people. In addition, the Department continues to conduct extensive larviciding activities in catch basins and other areas of standing water citywide to reduce mosquito breeding.

To date, a total of 31 WNV-infected birds have been identified in New York City (26 in Staten Island, 3 in Queens, and 2 in Manhattan), and WNV has been confirmed in 3 pools of mosquitoes (2 in Staten Island, 1 in Manhattan).

In recent press releases the Department has reminded New Yorkers to help mosquito-proof New York City, particularly within their neighborhoods, by removing sources of standing water around their homes where mosquitoes may breed, and reporting areas of standing water. The Department also reminded New Yorkers to take precautions to limit exposure to mosquitoes by wearing protective clothing, such as long pants, long-sleeved shirts, and socks, if outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, and by considering the use of insect repellant containing 10% or less of DEET for children and no more than 30% DEET for adults, according to manufacturer's directions.

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NOTEWORTHY ITEMS

Childhood Asthma Hospitalization Rates Decrease

On Wednesday, August 2, Mayor Giuliani announced that NYC childhood asthma hospitalization rates have significantly decreased. The hospitalization rate for children 0-14 years of age with asthma in NYC decreased by 27.4% from 1997 to 1998. The Mayor acknowledged the Department's Childhood Asthma Initiative for its efforts to reduce the public health burden of asthma in NYC. Through the NYC Childhood Asthma Initiative, the Department has been able to mobilize the larger healthcare community as well as bring much needed information to families and caregivers.

Poison Control Center Launches Public Education Campaign

The Department's Poison Control Center held a breakfast on July 26 announcing a new public education campaign in the Bronx. The event (sponsored by The Bronx Health Link, Inc.) was an effort to bring important and practical information on the dangers of potential household poisons to the health care providers and members of the Bronx community. Organizations were invited to learn more about the NYC Poison Control Center's new initiative to promote public awareness of poison exposure.

PRESS ITEMS

National Geographic Piece on Infectious Diseases

National Geographic is preparing a global story on infectious diseases with a significant focus on West Nile virus. The magazine has been photographing and speaking to Department staff regarding the work they are doing. The piece is due to run next year.

NLC/jrm

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The City of New York

NEAL L. COHEN, M.D.
COMMISSIONER

June 22, 2000

Dear Colleague:

I am pleased to present you the April 2000-2001 Alcoholism and Substance Abuse Awareness Calendar. This is a very special calendar, as it contains artwork and slogans from children in public elementary school. It is my hope that as you display this calendar it will serve as a reminder of the many substance abuse related issues facing our children today.

Furthermore, I thank you for your efforts in spreading a message of hope that treatment is available, and recovery is possible because treatment works!

Remember, "Drug Use is Preventable and Treatment Works."

Sincerely,

Norma Nieves-Blas

Norma Nieves-Blas
Deputy Director

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DEPARTMENT OF HEALTH
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NEAL L. COHEN, M.D.
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August 15, 2000

file DOH
COPY: VL ✓
Fred Cerino

TO: Honorable Joseph J. Lhota
Deputy Mayor for Operations

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Monthly Report -- July 2000

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

On Friday, August 4, the Department announced that a 78 year-old Staten Island man has tested laboratory-positive for West Nile virus (WNV). Serum and spinal fluid samples from the patient were received by the Department on July 27, tested for West Nile virus, and reported as positive on July 28. This represented the first human case of WNV reported in 2000. Testing at the U.S. Centers for Disease Control and Prevention (CDC) was initially equivocal, but repeat testing was positive. Additional confirmatory test results will be available in another week. The individual became ill with symptoms of meningo-encephalitis (fever, dizziness, light-headedness) on July 20, and was admitted to a local hospital on July 22. The individual was exposed to the virus prior to the City's spraying efforts on Staten Island. After one week in the hospital, the patient was released and is now at home recovering.

In accordance with the Department's Arthropod-borne Disease Surveillance and Control Plan, and in consultation with the U.S. Centers for Disease Control and Prevention, the City has been conducting strategic ground-

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based adult mosquito control in areas of New York City. As of August 5th, the following areas in New York City have received treatment with adulticide:

- Staten Island: entire borough treated twice
- Manhattan: Central Park (treated twice), from 23rd Street to Dyckman Street, Roosevelt Island
- Queens: Alley Pond Park; Douglaston, Woodhaven and Richmond Hill areas.
- Bronx: 10452, and the area west of Webster Ave in 10451
- Brooklyn: 11208

In all situations, the Department applied Anvil, a pyrethroid-based pesticide approved for controlling adult mosquitoes. Anvil is relatively nontoxic to humans and other mammals, and health risks associated with the use of pyrethroids in accordance with U.S. Environmental Protection Agency (EPA) and the New York State Department of Environmental Conservation (DEC) guidelines are negligible.

To quickly detect the presence of West Nile virus in New York City, the Department of Health conducts a number of surveillance programs. Surveillance activities include the placement of approximately 120 mosquito traps at more than 70 sites throughout the City; monitoring 14 sentinel chicken flocks placed in each borough; retrieving and testing dead birds reported to the Department by New York City residents; and working closely with the medical community to identify potential cases in people. In addition, the Department continues to conduct extensive larviciding activities in catch basins and other areas of standing water citywide to reduce mosquito breeding.

As of August 5th, a total of 33 WNV-infected birds have been identified in New York City (27 in Staten Island, 3 in Queens, and 3 in Manhattan), and WNV has been confirmed in 6 pools of mosquitoes (3 in Staten Island, 1 in Queens and 3 in Manhattan).

In recent press releases the Department has reminded New Yorkers to help mosquito-proof New York City, particularly within their neighborhoods, by removing sources of standing water around their homes where mosquitoes may breed, and reporting areas of standing water. The Department also reminded New Yorkers to take precautions to limit exposure to mosquitoes by wearing protective clothing, such as long pants, long-sleeved shirts, and socks, if outside during evening, nighttime, and dawn hours when mosquitoes are most active and likely to bite, and by considering the use of insect repellant containing 10% or less of DEET for children and no more than 30% DEET for adults, according to manufacturer's directions.

As of August 5th, the Department's 24-hour automated West Nile Virus information line has received 51,364 calls.

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NOTEWORTHY ITEMS

Childhood Asthma Hospitalization Rates Decrease

On Wednesday, August 2, Mayor Giuliani announced that NYC childhood asthma hospitalization rates have significantly decreased. The hospitalization rate for children 0-14 years of age with asthma in NYC decreased by 27.4% from 1997 to 1998. The Mayor acknowledged the Department's Childhood Asthma Initiative for its efforts to reduce the public health burden of asthma in NYC. Through the NYC Childhood Asthma Initiative, the Department has been able to mobilize the larger healthcare community as well as bring much needed information to families and caregivers.

Poison Control Center Launches Public Education Campaign

The Department's Poison Control Center held a breakfast on July 26 announcing a new public education campaign in the Bronx. The event (sponsored by The Bronx Health Link, Inc.) was an effort to bring important and practical information on the dangers of potential household poisons to the health care providers and members of the Bronx community. Organizations were invited to learn more about the NYC Poison Control Center's new initiative to promote public awareness of poison exposure.

Lead Poisoning Prevention Media Campaign

This month the Department's three-phase media campaign began with the airing of a radio public service announcement (PSA). The PSA informs families that in homes with chipped and/or peeling lead-based paint, building owners are required, by law, to remediate lead paint hazards in homes. The PSA also provides the information hotline 212-BANLEAD for families to receive facts about their rights and lead paint hazards. The second and third phases will take place this autumn with a direct-mail campaign to building owners and contractors, and television advertisements.

Lead Poisoning Evaluation Completed

Evaluation of a pilot study conducted by the Department's Lead Poisoning Prevention Program (LPPP) has been completed and is being reviewed by senior staff. The project's goal was to maximize the use of existing staff resources by decreasing the number of field visit attempts required to gain access and deliver mandated activities in homes where DOH intervention is required. This would ultimately result in an improvement in case outcomes of children with elevated blood lead levels.

The pilot project entailed redefining the roles of LPPP staff. In the current model, Public Health Sanitarians (PHS) perform all environmental activities. These activities include lead hazard assessments, monitoring lead hazard abatement activities, and periodically reassessing a child's exposure to possible lead hazards. DOH Public Health Advisors (PHA) provide education regarding prevention and risk reduction, monitor follow-up care, communicate with health

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care providers around the Department's environmental findings and anticipate follow-up of children with elevated blood lead levels. In the pilot project model, conducted in Queens, PHS's provided education to families regarding prevention and risk reduction, and communicated with health care providers. PHA's focused on quality assurance and working on cases where more intensive intervention was required. This involved working with families, medical providers and other community resources on cases where the child did not have a repeat blood lead test and cases where the child's blood lead levels did not decrease as expected.

The study compared activity in Queens to the other four boroughs as well as DOH's activity within Queens before and after the pilot model was implemented. The preliminary data suggests that the pilot model was more effective in decreasing the time required to achieve a successful visit and in increasing the rate of successful visits. Due to this observed substantial improvement in the way the program delivers field services, the Department is planning to apply the model to the other four boroughs.

Rabid Raccoon in the Bronx

The Department confirmed the sixth rabid animal, a raccoon, in NYC for CY 2000. This is the 137th laboratory-confirmed rabid animal since the City became endemic for rabies in 1992 and this is the second rabid raccoon found in Orchard Beach in the Bronx this year.

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THE CITY OF NEW YORK
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DEPUTY MAYOR OPERATIONS

September 18, 2000

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (August 27 – September 9)

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

During this period, there were additional human cases of West Nile Virus reported by the Department, bringing the total number of human cases to 11 in New York City this year. The laboratory tests were performed at the Department's Public Health Laboratories, and specimens have been sent to the U.S. Centers for Disease Control and Prevention (CDC) for further confirmation.

On Friday, September 1, the Department announced that a 61 year-old Staten Island man has tested positive for West Nile virus. The individual, who lives in the Woodrow section of Staten Island, became ill on August 4 with muscle weakness and encephalitis. He was admitted to a local hospital on August 6 and was released on August 11. On September 2, the Department announced a 53 year-old woman from the Bulls Head section of Staten Island, had tested positive for West Nile virus. The woman became ill with encephalitis on August 23 and was admitted to the hospital on August 28. She is still hospitalized but improving. On Tuesday, September 12, the Department announced that three additional individuals had tested positive for West Nile virus in New York City: a 77 year-old man from Florida who was staying in Canarsie, Brooklyn, is hospitalized in stable and improving condition; a 54 year-old man

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CONTINUING ITEMS

Medicaid Managed Care Update

August marked one full year of enrollments since implementation of the mandatory Medicaid managed care program. New enrollments since August 9, 1999 total 169,173.

The State and City continue to prepare for a site visit from the Health Care Financing Administration (HCFA). HCFA will determine whether the City is ready to begin implementation of mandatory Medicaid managed care in Phase 2 neighborhoods (Northern Bronx and Northeast and Central Queens).

Health*STAT Activities

DOH continues to advance in its Health*STAT efforts. To date, there have been 67 applications for enrollment into children's health insurance. DOH supplied over 80 volunteers for the citywide Health*STAT Back to School Initiative for the opening days of elementary school on September 7 and 8. Volunteers were successful in handing out informational materials to interested parents.

The Department is in the final stages of developing an interactive web site that will support the City-Wide Health*Stat initiative. This application will allow enrollment counselors and the public to search by community and other criteria, including language spoken in doctor's offices, to identify primary care providers participating in Child Health Plus and Medicaid programs. It is expected that this web application will also be made available through kiosks located throughout the City. Rollout of this new application is expected by the end of September 2000.

NOTEWORTHY ITEMS

Rodent Complaints

The Department has received a large increase in the number of rodent complaints during the month of July. This is in part due to the 24-hour rodent complaint hotline and an increase in the number of complaints received from elected officials. To address these and simultaneously reduce the backlog of complaints, the Department is deploying several field inspectors to focus on these specific complaints. As of August 25, 2000, 438 inspections have been completed. To better cope with the increased number of complaints and the number of inspections received by the Pest Control program, ten additional Sanitarians will be hired.

Standing Water Complaints

In the month of July, the Department has responded to 1,411 standing water complaints and performed 1,254 inspections. DOH has larvicided a total of 7,129,231 square feet and collected a total of 3,241 tires throughout the City.

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C. VLV
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October 18, 2000

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: **Bi-weekly Report -- (September 24 – October 7)**

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

On October 4 the Department announced that a 37 year-old Staten Island man has tested positive for West Nile virus. The individual, who lives in Bulls Head, Staten Island, was admitted to the hospital on September 27 with encephalitis, after having experienced symptoms including headache, muscle weakness, and joint pain for several weeks. He was released from the hospital on October 1, and is at home recovering.

As of October 7, a total of 13 people have been diagnosed with West Nile virus in New York City in 2000, ten of whom are residents of Staten Island. Two others are residents of Brooklyn and one is a Queens resident. Twelve of those diagnosed with West Nile virus are recovering at home while two Brooklyn residents remain in the hospital, including an 87 year-old Borough Park woman who remains in a coma.

Between March 9 and October 10, the Department's 24-hour automated West Nile Virus information line received 110,969 telephone inquiries. Of that total, 17,431 have chosen to speak to an operator. The operator option became available on July 17.

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Summary of West Nile Virus Findings as of 10/6/2000 14 humans, 153 birds, and 153 mosquito pools	
Borough	**Findings**
Staten Island	Birds: 56 Mosquito Pools: 115 Humans: 10
Manhattan	Birds: 31 Mosquito Pools: 17
Queens	Birds: 25 Mosquito Pools: 5 Humans: 1
Bronx	Birds: 10 Mosquito Pools: 6
Brooklyn	Birds: 31 Mosquito Pools: 10 Humans: 2 (both hospitalized)

WNV Serosurvey Completed

On October 10 the Department announced that the door-to-door WNV survey of households on Staten Island which began October 3, was completed ahead of schedule, on Sunday, October 8. The survey, which was conducted by the Health Department and the U.S. Centers for Disease Control and Prevention (CDC), obtained samples from a total of 877 voluntary participants in 634 households in randomly selected neighborhoods on Staten Island. Participants in the survey are scheduled to receive their individual WNV test results within the next three months. Further analysis of survey data will be conducted by the Health Department and CDC, and results will be made available to the public within the next six months, once the analysis is complete.

Information gained from this survey will help to determine the percentage of people on Staten Island who may have been exposed to the virus, which individuals might be most at risk for being exposed to mosquitoes infected with WNV, and what symptoms, if any, were experienced by people who were exposed to the virus, but were not aware that they were infected.

NOTEWORTHY ITEMS

Asthma Day

The Department of Health is preparing to hold it's Third Annual *Kids With Asthma Can Do Anything,* Sport and Recreational Activity Day on Saturday, October 14, at Bill Raney Park in the Bronx. The community-wide sport and recreational activity day with the theme, *Kids With Asthma Can Do Anything*, will be hosted by the Department's Hunts Point Childhood Health Promotion Initiative, as part of the DOH's Childhood Asthma Initiative.

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The event aims to enhance community awareness about asthma and asthma management. Through sports and games, the event will also boost children's awareness of their physical abilities and skills. In addition, children and parents will learn about asthma through hands-on activities, and creative exhibits. In 1999, more than 400 children, parents, and local medical providers participated. Activities are open to all children (with asthma or without asthma) between the ages of 4 and 14 years old, who live or attend school in the communities of Hunts Point or Mott Haven/Longwood.

Proposed Amendment to the Health Code

The Department has prepared a Certificate of Necessity to amend some lead-related sections of the Health Code. The proposed resolution was presented to the Board of Health in September and a public hearing is scheduled for November. The amendments are being proposed to clarify blood lead test reporting requirements and to create a childhood lead test registry that will be accessible to health care providers. The registry will assure the continuing confidentiality of lead test records. It is also proposed that the safety standards be amended to authorize the Department to charge a fee for issuing Dust Wipe Sampling Course certificates to persons who attend non-Department training courses.

New Audit

The City Comptroller has announced a management audit of the Center for Animal Care and Control (CACC). The letter of notification to the Commissioner was dated September 26, 2000. The audit will include an evaluation of the CACC's compliance with its contract with DOH. Auditors will be reviewing shelter and adoption standards and practices. The Entrance Conference is being arranged for late October.

NLC/lf

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THE CITY OF NEW YORK
DEPARTMENT OF HEALTH

Rudolph W. Giuliani
Mayor

Neal L. Cohen, M.D.
Commissioner

fa DOH c: VC + FC

November 28, 2000

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (November 5 – November 18)

CRITICAL EVENTS & EMERGING ISSUES

West Nile Virus Activities

On November 8, a West Nile Virus planning session was held at the Fund for the City of New York with over 40 key Department of Health individuals in attendance. In preparation for this event, meetings were held internally to review the "lessons learned" during the current year: what worked, and what should be changed or improved. At the planning session, presentations were made in mosquito surveillance and control, bird and animal surveillance, surveillance for WNV in humans, surveillance for possible effects of pesticide exposure, laboratory testing, and public education activities. There were also round table discussions of issues and plans concerning regulatory activities, technology, and data management. The group formulated plans and action steps to work for toward next year. These steps will be further informed by State and National planning sessions and by the Department's Environmental Impact Statement. The West Nile steering group continues to meet regularly. This comprehensive planning session has helped the Department to shift the focus of these meetings from the management of the current year effort to the preparation for next year.

NOTEWORTHY ITEMS

Lead Poisoning Prevention Funding

The DOH and HPD were awarded a HUD grant of $3 million for 2.5 years. The Department is being funded in the eighth round of HUD's Lead-Based Hazard Reduction Program, after having received funding in Round 2 of the grant program in 1995 and in Round 4 in 1997. The HPD and DOH have jointly used this grant money to implement the federal lead hazard control program. The funding, which is primarily used to make

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dwelling units lead safe, continues the primary prevention collaboration between HPD and DOH. Planning has begun on implementing the program in the Spring of 2001.

Provision of Flu Vaccine to High-Risk New Yorkers

On November 16, Commissioner Cohen asked New York City corporations with supplies of flu vaccine intended for healthy workers to assist the Health Department's efforts to provide vaccine to those who are at highest risk from complications from the flu. With a previously announced nationwide vaccine delay preventing some elderly persons and others at high risk from getting vaccinated, the Health Department is coordinating an effort to get flu shots to those who need it most.

The Department has surveyed nursing homes and other facilities to determine whether high-risk people, including the elderly and those with serious illnesses are receiving flu shots early in the season, as recommended. In order to insure that high-risk populations are immunized, the Department is making more than 14,000 doses of its vaccine available to nursing home residents. Employers with flu vaccine supplies intended for healthy workers were asked to join the Department in the effort to help improve the health outlook of vulnerable New Yorkers.

Companies such as Goldman Sachs, JP Morgan, Merrill Lynch, Executive Health Group, Citigroup, and AXA Financial have together made over 2,500 doses of flu vaccine available to the Department. This vaccine, along with the doses from the Department, will be sent to nursing homes and hospitals to assist in vaccinating high-risk individuals. As flu shipments arrive at nursing homes from manufacturers over the next several weeks, the Department will direct these supplies to other New Yorkers who are at risk for complications from the flu.

State Comptroller Audits

On November 2, the Office of the State Comptroller sent a letter to the Commissioner announcing that an audit has been scheduled of the Department of Health's "oversight activities in ensuring the health and safety of children in day care facilities." The entrance conference for this audit will take place on December 1. The State Comptroller is also conducting audits of DOH monitoring of HIV Prevention contracts and of DOH inspections of food service establishments. The draft report for the HIV audit is expected in December.

NLC/lf

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RECEIVED
DEC 18 2000
00-01585
DEPUTY MAYOR OPERATIONS

DOH
CIVIL
FC

December 8, 2000

TO: Honorable Rudolph W. Giuliani
Mayor

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-Weekly Report

I. ON-GOING ISSUES

1. ASSISTED OUTPATIENT TREATMENT (AOT) UPDATE

On November 30, 2000, Justice LaTorella of Queens County Supreme Court heard arguments in the second case on the constitutionality of Kendra's Law. The first constitutional case was successfully defended by the City in September. The new case was expanded to include two issues. The first, as discussed here on 11/24 is whether AOT provisions authorizing removal to a hospital for evaluation violate the *search and seizure* requirements for a warrant under the Fourth Amendment to the United States Constitution. The second is whether court-ordered treatment violates the New York State and United State Constitutions absent a finding that an individual lacks capacity to make his or her own treatment decisions.

Lawyers for Mental Hygiene Legal Services were joined by *amici* including the Bazelon Center, New York Lawyers for the Public Interest, the New York Civil Liberties Union and others. The City, which was represented by Corporation Counsel was joined by the Attorney General's Office representing the State Office of Mental Health and the National Advocates for the Mentally Ill (NAMI), as *amicus*. Justice LaTorella indicated that a decision would be forthcoming on December 18, 2000.

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2. SUPPORTED HOUSING UPDATE

Recently, not-for-profit mental health housing providers and their associated advocacy organizations have made concerted efforts to convince the State Division of the Budget to increase the per bed funding levels for supported housing programs. Since the inception of the supported housing program in 1990, the funding level has increased approximately 6 percent, while rent increases have exceeded 25 percent. To underscore the problems with current funding levels, the providers notified the State Mental Health Commissioner that they would decline to bid for additional housing programs unless the rate increases. In an effort to address the providers' concerns, the State Commissioner notified them that an 11 percent increase was approved for new programs. While this action was received favorably, the providers are expected to continue their efforts to obtain increases for programs established in prior years.

rents rising faster than funding

3. CITY COUNCIL TESTIMONY

The Department, represented by Commissioner Cohen testified at a hearing of the City Council Subcommittee on Mental Health, Mental Retardation, Alcoholism and Drug Abuse Services on December 6, 2000. The hearing's subject was "Unlicensed Adult Homes and the Shortage of Supported Housing for the Mentally Ill". The testimony included a description of the various types of housing available to mentally ill adults in New York City.

Various housing types available

Licensed mental health housing refers to housing programs that provide services and facilities that meet standards set by Mental Hygiene Law and are licensed by the State Office of Mental Health (SOMH); they are often referred to as community residences and can include congregate and scatter-site apartments.

Adult homes, also known as *residences for adults,* are licensed and monitored by the State Department of Health. Adult Homes provide activities of daily living but seldom provide the more specialized care found in the SOMH licensed housing.

Supported housing is unlicensed housing that is funded and monitored by SOMH and the Department. It provides a lower level of supervision than community residences, but does include case management services to assist tenants with living independently.

Falling outside these categories are residences that are neither licensed, funded, or monitored by any State or City agency. They are most commonly referred to as

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unlicensed adult homes. They are subject to City building, fire, and safety housing codes, and can range from a single family home that takes in boarders to large, private SRO's housing large numbers of individuals in a single building. Some unlicensed adult homes are well maintained and run by caring people; however some homes have been found to violate the housing codes and provide poor care.

A review of recent initiatives both by the State and the City to increase the number of mental health community beds in New York City will result in a total of 13,000 slots five years from now. The Department also reported on steps taken in recent years to remind hospitals of their discharge responsibilities under the State mental hygiene law to assure that patients are placed in appropriate housing.

Health Committee Chair Victor Robles suggested that perhaps a local law could be passed to require the Fire and Buildings Departments to report City Code adult homes violations to the Department if persons with a mental illness are in residence. Ms. Clarke, Subcommittee Chair asked for an estimate of the unmet need for housing and the number of unlicensed homes occupied by persons with a mental illness. The Department had previously testified that a new analysis of the State's estimate of unmet need for housing is due, as well as for other categories of mental health services. However, there is no reliable estimate for the number of unlicensed adult homes.

In addition to the Commissioner, HHC Assistant Vice President for the Office of Behavioral Health, Joyce Wale, and Dr. Manuel Trujillo, Director of Psychiatry at Bellevue Hospital also testified. They described the discharge planning and follow-up procedures that HHC hospitals use, the types of settings patients are discharged to, and the need for additional residential placements, particularly for patients with substance abuse problems, those needing intensive clinical support, those with histories of violent behavior, and those without insurance.

4. EARLY INTERVENTION PROGRAM (EIP) UPDATE

Comment on proposed federal rules

Proposed amendments to the regulations governing the Early Intervention Program have been circulated for comment. The Department submitted a response on behalf of the City, specifically with regard to changes to: the definitions for audiology and nursing services, the use of certified occupational therapists' assistants, the use of the term, "natural environment", and the exclusion of service coordination as a part of the individualized family service plan. Following a review of comments, the final regulations will be issued by the U. S. Department of Education, Office of Special Education and Rehabilitation Services.

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NLC/ms

cc: **Honorable Joseph J. Lhota**
Honorable Robert M. Harding
Honorable Anthony P. Coles
Honorable Rudy Washington
Dennison Young, Jr., Esq.
Anthony V. Carbonetti
Michael T. Carpinello
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DOH civil pc

December 11, 2000

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: **Bi-weekly Report -- (November 19 – December 2)**

CONTINUING ITEMS

Medicaid Managed Care Update

The citywide monthly enrollment total in the Medicaid Managed Care Program through October 31, 2000 was 394,669. The State and City are preparing to launch a citywide voluntary media campaign in January 2001 which will encourage individuals to enroll in Medicaid managed care.

The State and City continue to prepare for a site visit from HCFA in order to determine the start of mandatory enrollment in Phase 2 neighborhoods (Northern Bronx and Northeast and Central Queens). No date has been set for the site visit.

HealthStat Update

DOH continues to move ahead with its HealthStat efforts. DOH awaits hiring approval of several candidates who have been identified to serve as facilitated enrollers. A training on facilitated enrollment has been tentatively scheduled for December 18, 19, and 20.

DOH will begin hosting HRA facilitated enrollers at five DOH clinic sites throughout the city within the next two weeks. The clinic sites are Brownsville, Chelsea, Corona, Richmond and Riverside. Other than Richmond, which will be covered one day a week, HRA enrollers will be scheduled to go into each clinic twice a week. Clients who

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are educated about HealthStat at a DOH clinic and wish to enroll on site will be able to do so. In addition, there will also be an HRA facilitated enroller located at the Health Department twice a week (Monday and Tuesday which are the busiest volume days for the Vital Records office) to aid clients who wish to enroll on the spot.

NOTEWORTHY ITEMS

Lead Poisoning Prevention Program

The Lead Poisoning Prevention Program's computer development consultant has started designing screens and writing the code that will enable LeadQuest, DOH's surveillance and tracking system to extract information on lead hazard inspections from HPD's activity tracking system and database. The DOH is now able to access a list of addresses where lead-based paint violations have been cited and the parent/guardian and children's names associated with each address from HPD's database. The program will start sending follow-up letters reminding the parents/guardians of the children identified to obtain follow-up blood lead tests.

Non-travel Associated Typhoid Cluster

Over the past two months, the Department has investigated a cluster of non-travel associated typhoid fever cases among residents of New York City. Nine cases were diagnosed from mid-September to mid-October among patients who denied risk factors for infection, including travel to areas of the world where typhoid is common, eating an imported food item, or contact with a known typhoid carrier. Typhoid fever is a bloodborne illness caused by the bacteria *Salmonella* Typhi. There are usually between 50 - 100 cases of typhoid reported each year in New York City; almost all are associated with travel to known endemic areas.

Eight patients live in Queens, and one patient lives in Manhattan. Upon extensive interview of all the patients, one restaurant in Queens was identified as the only common exposure among seven of the cases. No common food item from the restaurant was identified among cases. Of these seven, five have identical and two have closely related DNA patterns.

All ten food handlers at the restaurant tested negative for *Salmonella* Typhi; none reported recent illness similar to typhoid fever. However, given the strong epidemiologic association with this restaurant, food handlers were tested for Vi antibody which is a marker for being a typhoid carrier. As a result, one of the co-owners tested positive for Vi antibody and was excluded from work. Three times weekly for four weeks, she was required to provide follow-up test specimens. Results for all twelve specimens are negative. Additionally, household contacts were tested and were negative.

Public Health Partnership Grant

As the recent recipient of a national Turning Point achievement award, the New York City Public Health Partnership, coordinated by the Department, is moving forward in its efforts to strengthen the City's public health system. Turning Point is a national

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initiative that supports strategic public health planning processes aimed at making the public health system more effective, more community-based, and more collaborative. The W.K. Kellogg Foundation in collaboration with the National Association of County and City Health Officials provided the $100,000 grant, which supplements a planning grant received in 1998.

The New York City Public Health Partnership has worked to increase community involvement in public health activities. Over the past three years, the Partnership has established five borough planning committees; organized community forums to gather opinions and perspectives on the health of the city; and developed a community public health system improvement plan – the NYC Public Health Agenda – which outlines a framework for creating a healthy New York City. The New York City Public Health Partnership will use its achievement award to foster ongoing communication and collaboration among public health agencies, health care providers, faith-based organizations, community-based organizations, elected officials, academic institutions, businesses, and other constituents.

Release of AIDS Data on World AIDS Day

On Friday, December 1, the thirteenth anniversary of World AIDS Day, the Department released the most recent data on AIDS cases and HIV deaths in New York City. The 1999 data suggest that the number of HIV deaths has plateaued in New York City. Broad access to new antiviral combination therapies and increased public awareness about the AIDS epidemic have lowered infection rates, extended the life expectancy, and reduced the mortality of HIV and AIDS patients. Thus, the number of New Yorkers newly-diagnosed with AIDS continues to decline, and the number of people living longer with AIDS continues to rise.

Number of HIV Deaths, Newly Diagnosed AIDS Cases, and People Living with AIDS in New York City, 1995 -1999

Calendar Year	1995	1996	1997	1998	1999
Number of HIV Deaths	7,046	4,998	2,625	1,978	2,020
Number of Newly Diagnosed AIDS Cases	11,308	9,040	6,996	4,978	3,886
Estimated Number of New Yorkers Living with AIDS	32,060	35,736	40,036	42,964	45,635

Between 1998 and 1999, there was a slight increase of 2.1% in HIV deaths in New York City, but this may be attributed to changes in 1999 to the International Classification of Diseases established by the World Health Organization. While the total number of HIV deaths in New York City rose slightly in 1999, the total number of diagnosed AIDS cases in New York City has continued to decline since peaking at 12,502 cases in 1993. In 1999 there were 3,886 diagnosed AIDS cases in New York City, compared to 4,978 cases diagnosed in 1998, a decline of approximately 22%. This decline should be

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interpreted with caution, however, as the reporting of cases diagnosed in 1998 and 1999 is incomplete due to reporting lag.

Although the number of HIV deaths in New York City has declined from 7,046 deaths in 1995, to 2,020 deaths in 1999 -- a drop of over 70% -- death rates are higher in some demographic groups, particularly among men and women of color. Those most vulnerable for acquiring HIV infection include injection drug users, men who have sex with men, and anyone engaging in unprotected sexual activity. Adolescents, persons with sexually transmitted diseases, and people incarcerated in the criminal justice system have particularly high rates of infection. It is very important that those at risk of acquiring or transmitting the virus get tested and enrolled in treatment if found to be infected. Women accounted for approximately 30% of newly diagnosed AIDS cases in New York City in 1999. In 1999 there were 1,183 newly diagnosed AIDS cases among women in New York City, compared to 2,703 newly diagnosed cases among men.

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January 23, 2001

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (December 31 – January 13)

EMERGING ITEMS

Brooklyn Woman Dies from WNV ✓

On January 10, the Department announced that an 87 year-old woman who previously tested positive for West Nile virus died in December 2000. The woman, who was earlier reported as testing positive for the virus on August 25, 2000, had been hospitalized in a coma since August 2000. This is the second reported death of a person who tested positive for West Nile virus in 2000; the other individual, an 82 year-old man, died in New Jersey.

As a result of the Department's active surveillance program, 530 suspected cases of viral meningo-encephalitis were reported and tested for WNV in New York City in 2000. Of the suspected cases, 14 persons tested positive, including 10 from Staten Island, 2 from Brooklyn (including the deceased), 1 from Manhattan, and 1 from Queens. Ages ranged from 36 to 87 years, with the median age being 62 years. Eight cases occurred in men, and 6 cases occurred in women. Of the thirteen surviving cases, a 77 year-old man is currently in a rehabilitation facility and the others are home recovering. In addition to the New York City cases, five cases of West Nile virus, including the one death, were reported in New Jersey.

NOTEWORTHY ITEMS

Joint Conference with Academy of Medicine ✓

On January 8, the Department and the New York Academy of Medicine co-sponsored a conference that focused on the role of social and behavioral science in public health practice. The conference brought together over 300 professionals from government, academia, and the community to discuss strategies to strengthen the coordination between the public health and behavioral health systems. The conference was held at the Academy of Medicine.

As more than 50% of mortality in the United States is behaviorally-based, impacted by factors such as smoking, diet, alcohol use, sedentary lifestyle, and other high-risk behaviors, the Department sponsored the conference to demonstrate its firm commitment to find new ways to bridge the gap between behavioral and social science research and public health practice.

The day-long conference featured national and local experts on behavioral science, social science, and public health. Concurrent workshops and panel discussions were lead by speakers from the City Health and Mental Health Departments, the U.S. Centers for Disease Control and Prevention, Columbia University School of Public Health, Harvard University School of Public Health, and representatives from research institutes and community-based organizations that focus on public health issues.

Publication of Vital Statistics for 1999 ✓

On January 5, the Department announced the publication of the New York City Health Department's annual *Summary of Vital Statistics* for 1999. The *Summary*, published annually since 1932, is an extensive compilation of 1999 data concerning births and causes of death in New York City.

The *Summary of Vital Statistics 1999* makes a broad array of fundamental public health-related data available to the public. It is made up of a compilation of information from birth and death certificates -- which is individually confidential under law -- computed and analyzed by the Health Department's Office of Vital Statistics. Aggregate data through 1999 is now available in the formats most frequently requested by researchers, policymakers, members of the media, and other interested parties. The *Summary* serves as an important document that allows the Department to evaluate the progress and chart the course of several city-wide health trends.

With its emphasis on births and causes of death in New York City, the 1999 *Summary* contains fifty-five tables, figures, and graphs. Data are presented by variables such as borough of residence, age, race, and ethnicity, while several tables show historical trends. The Health Department releases 1999 information at the end of 2000 because of the lag time in the reporting of data, and because of the time required

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to compile, prepare, and analyze this comprehensive body of information.

The 1999 issue introduces significant changes in the coding, naming, and reporting of causes of death. The changes follow the nationwide implementation of the Tenth Revision of the International Classification of Diseases, the worldwide system used to classify causes of death. The implementation of the new system may cause discontinuities of trends in the causes of death, and must be taken into account in the analysis of short-term changes.

In addition, the 1999 Summary includes tables on other topics about which the Health Department is frequently contacted, including cases of selected reportable diseases over the years, and the most popular baby names in New York City. An extensive technical notes and definitions section is also provided, to help explain the data. The *Summary of Vital Statistics 1999* will soon be available on the City's website, and copies are available from the Health Department's Office of Public Affairs.

CONTINUING ITEMS

Medicaid Managed Care

The State and City will launch a citywide voluntary media campaign in January 2001, encouraging individuals to enroll in Medicaid managed care. Print ads will appear in bus shelters, on buildings, in neighborhood stores and other locations citywide. A radio ad will play on select stations for the first week of the ad campaign. Ads will also be placed in community newspapers throughout the city in multiple languages.

The State and City expect the Health Care Financing Administration (HCFA) to come for a site visit in February of this year and have been preparing materials accordingly. During this site visit, HCFA will determine whether or not the City is prepared to begin mandatory enrollment in Phase 2 neighborhoods (Northern Bronx and Northeast and Central Queens).

how will this be determined?

HealthStat

DOH has begun hosting HRA facilitated enrollers at five DOH clinic sites throughout the city. The clinic sites are Brownsville, Chelsea, Corona, Richmond and Riverside. DOH and Mayor's office staff have begun making site visits to each of the clinics. Clinic staff are well-educated and enthusiastic about the enrollment efforts taking place. The Corona clinic staff has requested an additional day of facilitated enrollment per week. Enrollers will now go to the Corona Health Center three days a week, up from two days. Clients who are educated about HealthStat at a DOH clinic and wish to enroll on-site will be able to do so.

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February 7, 2001

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (January 14 – January 27)

NOTEWORTHY ITEMS

WNV Serosurvey Results Announced

On January 25, the Health Department announced the results of the door-to-door West Nile virus (WNV) survey of households on Staten Island that took place in October 2000. The survey was conducted by the Health Department with the assistance of the U.S. Centers for Disease Control and Prevention (CDC) to help estimate the percentage of people who were infected with the virus, and what their symptoms were, if any. Similar surveys also took place in the fall of 2000 in Suffolk County, New York, and Fairfield County, Connecticut. A summary of findings from these surveys appears in the January 26, 2001, issue of the CDC's *Morbidity and Mortality Weekly Report*.

Four of the 871 people who volunteered to be interviewed as part of the Staten Island survey tested positive for West Nile virus. From these results, the Health Department estimates that approximately 0.5% of Staten Island residents age 12 and older were infected with West Nile virus in 2000, which translates into an estimated 1,574 Staten Island residents. While the results of this survey cannot be projected onto New York City as a whole, it is estimated that West Nile virus infection rates elsewhere in New York City were probably lower because fewer humans, birds, and mosquitoes tested positive for the virus in other boroughs in 2000, compared to Staten Island.

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The survey was conducted by the Health Department between October 3 and October 8, 2000, in randomly selected neighborhoods on Staten Island. Out of 1,607 households that were randomly selected for the survey, 635 households volunteered to participate in the survey, and 871 individuals age 12 and over in those households completed interviews and volunteered blood samples. DOH has notified participants in the survey of their individual test results by mail, and the four people in the survey who tested positive have been notified by telephone and by mail.

The results of the survey indicate that the people infected with the virus did not significantly differ from other survey residents by age or gender. Most of those infected reported no symptoms, and those who were infected were more likely to report symptoms of fever and headache than persons who were not infected. In the January 26, 2001, edition of the CDC's *Morbidity and Mortality Weekly Report* article on the three separate West Nile virus surveys conducted in 2000, estimated rates of infection in the other survey sites ranged from less than 0.5% in Fairfield County, Connecticut, to 0.12 % in Suffolk County. It is noted that many factors could contribute to these different estimates obtained from these surveys, including the intensity of each local outbreak and geographic differences in the surveyed areas.

DOH Announces New Lead Poisoning Numbers

On January 25, DOH announced the launching of a new Health Department public education campaign to alert home and apartment dwellers to the dangers associated with lead poisoning. In addition, DOH released the most recent data concerning lead poisoning cases in New York City. As part of the public education campaign, the Department will air a television spot advising parents of the possible hazards of peeling paint and encouraging parents to call the Health Department's lead poisoning information line at **212-BAN-LEAD** to learn more about protecting children from lead hazards.

Over the past few years, New York City has seen a continuing dramatic decline in childhood lead poisoning that began in 1970. The numbers of new cases of children ages 6 months to less than 6 years old with elevated blood lead levels (10 micrograms/deciliter (mcg/dl) or higher) have declined 46% in the past five years, from 8,921 in 1996 to 4,831 in 2000. The number of cases reported declined in the past year even as the number of children tested increased from 369,451 in 1999 to 401,644 in 2000.

Number of Newly Reported Cases of Children (Ages 6 months to <6 years) with a Reported Blood Lead Level of 10 Micrograms/Deciliter (mcg/dL) or Higher* 1996-2000

Calendar Year	1996	1997	1998	1999	2000

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Number of Children with a Reported BLL of 10 mcg/dL or Higher**	**8,921**	**8,101**	**7,058**	**5,325**	**4,831**

*The New York City Health Code defines lead poisoning as a venous blood lead level (BLL) of 10 micrograms/deciliter (mcg/dL) or higher.
**Numbers may be adjusted because of further review of data.

This year the Health Department is launching the first phase of its Childhood Health Initiative in New York City neighborhoods that have traditionally been at high risk for lead poisoning and other preventable childhood illnesses. The initiative will entail dispatching health teams to the neighborhoods of Bushwick and Bedford-Stuyvesant in Brooklyn, and Jamaica, Queens to assess the potential risk of apartment dwellers for lead poisoning, accidents and injuries. The health teams will also assess immunizations and health insurance status, and promote better management of childhood asthma.

Since 1999, the Health Department has conducted environmental investigations and provided care coordination services for children with either one reported venous blood lead level of 20 mcg/dL or higher, or two reported venous blood lead levels of 15-19 mcg/dL taken at least three months apart. This threshold for intervention, the *Environmental Intervention Blood Lead Level*, is commensurate with the U.S. Centers for Disease Control and Prevention recommendations, and triggers a series of activities by the LPPP's Field Operations Unit. These include:

- Inspecting the homes of identified children for possible lead hazards;
- Sending *Commissioner of Health Orders to Abate Nuisance* to the owners of dwellings where lead-based paint hazards are found;
- Educating families about possible lead hazards and ways to reduce children's exposure to lead;
- Determining if a child is receiving medical follow-up care, contacting physicians, and assisting in obtaining follow-up care when needed;
- Re-inspecting homes to determine if violations have been abated; and
- Monitoring for safe work practices during repairs ordered by the Health Department in a home where a lead poisoned child resides or spends time.

BUISNESS AND TECHNOLOGY IMPROVEMENTS

Pest Control Database

The development of the Pest Control Database is continuing and is expected to be fully operational in all regional offices by Spring 2001. This database will track all Complaints, Inspections, Exterminations and Clean-ups and will allow the transfer of data to the Office of Finance for more efficient research and billing. In addition, Community Affairs, DOH Legal and Intergovernmental Affairs will have read-only access to allow for more efficient response to inquiries from the community and elected officials. This system eliminates the need to transport paper documents since all file

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transfers will be done electronically. This will enable management to track the status of all Pest Control activities as well as measure productivity and other performance measures. Training of field staff in the use of the database has already commenced.

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March 1, 2001

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By

TO: Honorable Rudolph W. Giuliani
MAYOR

FROM: Neal L. Cohen, M.D.
Commissioner

SUBJECT: Bi-weekly Report -- (February 11 – February 24)

CRITICAL EVENTS AND MAJOR HAPPENINGS

Anti-Tobacco Campaign

In mid-February, the Department launched a multimedia advertising campaign to encourage New Yorkers to quit smoking. In particular, the campaign encourages smokers who are considering giving up smoking to call the New York Smokers' Quitline at **1-888-609-6292**, with information available for both English and Spanish speakers. In the first week of the print campaign, which began earlier this month, the number of calls increased six-fold from 300 to 18 calls, illustrating the early success of the campaign.

"Quit Yet?" print posters currently appear on outdoor billboards, subway cars, movie theater cinema billboards, taxi tops, and bus shelters throughout New York City. To reinforce and echo the message being presented by the print campaign, a companion television spot presents a New York City suffused with "Quit Yet?" signs fictionally placed in some of the city's most famous locations -- Times Square, the Chrysler Building, and the facade of Metropolitan Museum of Art. The words "Quit Yet" ("Todavia Fumando" in Spanish) appear on a variety of digitally created signs and banners.

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In addition to the "Quit Yet" campaign, the Department conducts a wide array of outreach initiatives that stress smoking cessation and prevention to the diverse elements of New York City's smoking and nonsmoking populations. These initiatives represent a broad-based, comprehensive effort involving health care providers, local policy makers, worksites, community-based organizations, educators, parents, as well as children to reduce tobacco use and its impact on the health and economic well-being of New Yorkers.

EMERGING ITEMS

Monitoring of AIDS/HIV Service Provider Contracts

The agency is preparing a response to the State Comptroller's draft audit report, issued on February 6. Findings and recommendations cover the following areas: developing monitoring plans and site visit forms tailored for each contract; ensuring that all required observations and site visits take place; clarifying contractor performance standards; placement of contractors on corrective action plans when appropriate; ensuring that contractor reports fully report on the accomplishment of contract goals; documenting review of site visits and of contractor reports.

NOTEWORTHY ITEMS

You can't make this up!

Cycolspora Cluster

The Department is investigating a cluster of cyclosporiasis among New York City residents. Cyclosporiasis is a parasitic infection that causes diarrheal illness. Past outbreaks in 1996 and 1997 in New York City were linked to a multistate outbreak associated with contaminated raspberries from Guatemala. Since January 2001, there have been 3 cases of cyclosporiasis occurring among residents of Manhattan. The Communicable Disease Program is conducting an epidemiologic investigation to determine if there is a common source of exposure. In addition, the program has conducted active outreach to all parasitology laboratories in the city to ascertain any additional cases and has sent an alert to all NYC hospitals to enhance awareness among clinicians of the need to consider testing for cyclosporiasis among patients with diarrheal illness. As a similar outbreak is occurring in Florida, the Department is working closely with the CDC and Florida DOH to determine if these clusters are related.

Effectiveness of DOH's AIDS Hotline

The City Comptroller has initiated an audit of the AIDS Hotline. The period audited will be from FY 2000 to the present. The audit objective is to determine whether the Hotline has complied with the Citywide Customer Service Initiative to limit hold time to two minutes, and whether the Hotline provides accurate and useful telephone information and referral services. Auditors will begin their survey phase during the week of February 26.

National Condom Week

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During National Condom Week, the Department of Health reminded sexually active New Yorkers to protect themselves against the risk of sexually transmitted diseases (STDs) and HIV by practicing safe sex. The Department also presented previously published surveillance data that show STD trends in New York City over the past five years.

Over the past five years, rates of gonorrhea, hepatis B, and syphilis have declined 25%, 39%, and 64%, respectively. Chlamydia rates have remained virtually unchanged since 1995. Since rates can fluctuate from one year to the next, rates should be viewed over the course of several years rather than from one year to the next.

BOT ALL UP SINCE 98!.

Case Numbers of Chlamydia, Gonorrhea, Hepatitis B, and Syphilis Per Annum in New York City 1990, & 1995-1999

	1990	1995	1996	1997	1998	1999	
Chlamydia	N/A*	26,500	26,454	27,700	26,129	26,766	up
Gonorrhea	35,236	16,361	12,998	14,194	12,100	12,207	up
Hepatitis B**	674	498	505	462	424	302	
Syphilis	4,265	362	138	97	82	130	up

*Chlamydia was not a mandatorily reportable condition to the New York City Health Department in 1990.
**Approximately two-thirds of Hepatitis B cases are sexually transmitted. Approximately one-third of cases are spread through intravenous drug use and neo-natal transmission.

The Health Department administers a range of programs and services to combat the spread of STDs including: assisting medical providers in diagnosing and treating cases; providing outreach to infected persons and their partners; conducting screening programs; providing education and other prevention activities; and operating 10 STD clinics located across the City's five boroughs, which provide free and confidential STD examinations and treatment as well as HIV testing and counseling, on a walk-in basis. Patients receive free condoms at the Department of Health's STD clinics.

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