



# Director's Report

Debra L. Bogen, M.D.

Director, Allegheny County Health Department

## Board of Health Meeting

May 4, 2022





# Outline



COVID Update



Personnel updates



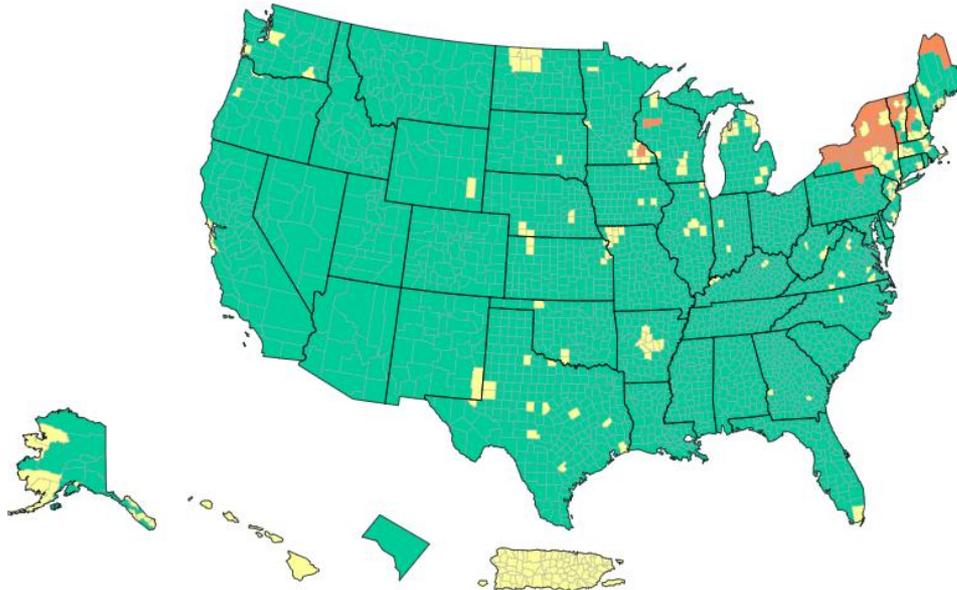
Public Health Accreditation Board (PHAB)



Recently released reports / dashboards / open data



# COVID-19 Community Levels



COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	40	1.24%	0.81%
Medium	228	7.07%	1.64%
Low	2956	91.69%	- 2.45%



[COVID-19 Community Levels | CDC](#)

Time Period: COVID-19 Community Levels calculated on Apr 28 2022. New COVID-19 cases per 100,000 population (7-day total) calculated using data from Apr 21-27 2022. New COVID-19 admissions per 100,000 population (7-day total) and Percent of inpatient beds occupied by COVID-19 patients (7-day average) calculated using data from Apr 20-26 2022.



# Know Your COVID-19 Community Level

[COVID-19 Community Levels](#) are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.



## COVID-19 County Check

Find community levels and prevention steps by county.

Select a Location (all fields required)



[< Start Over](#)

● **Low**

In **Allegheny County, Pennsylvania**, community level is **Low**.



①

## OVERALL

<b>Infections:</b> 268,240	<b>Individuals Tested:</b> 925,290	<b>Positivity (PCR):</b> 10.7%	<b>Hospitalizations:</b> 13,279	<b>Deaths:</b> 3,257
-------------------------------	---------------------------------------	-----------------------------------	------------------------------------	-------------------------

①

## 7-DAY MOVING AVERAGE

<b>Infections:</b> 214	<b>Individuals Tested:</b> 1,942	<b>Positivity (PCR):</b> 12.9%	<b>Hospitalizations:</b> 3	<b>Deaths:</b> 0
---------------------------	-------------------------------------	-----------------------------------	-------------------------------	---------------------

①

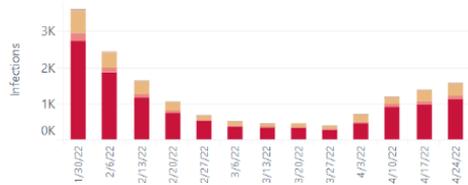
## DATA AND TRENDS

Time Period  
Last 3 Months

Infection Type

■ Probable Reinfection    
 ■ Probable Infection    
 ■ Confirmed Reinfection    
 ■ Confirmed Infection

### Infections



### Hospitalizations



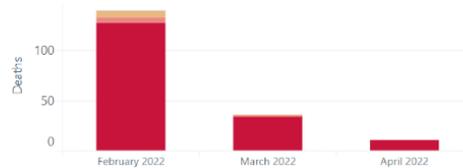
Test Data

■ Positivity (PCR)    
 ■ Individuals Tested

### Individuals Tested



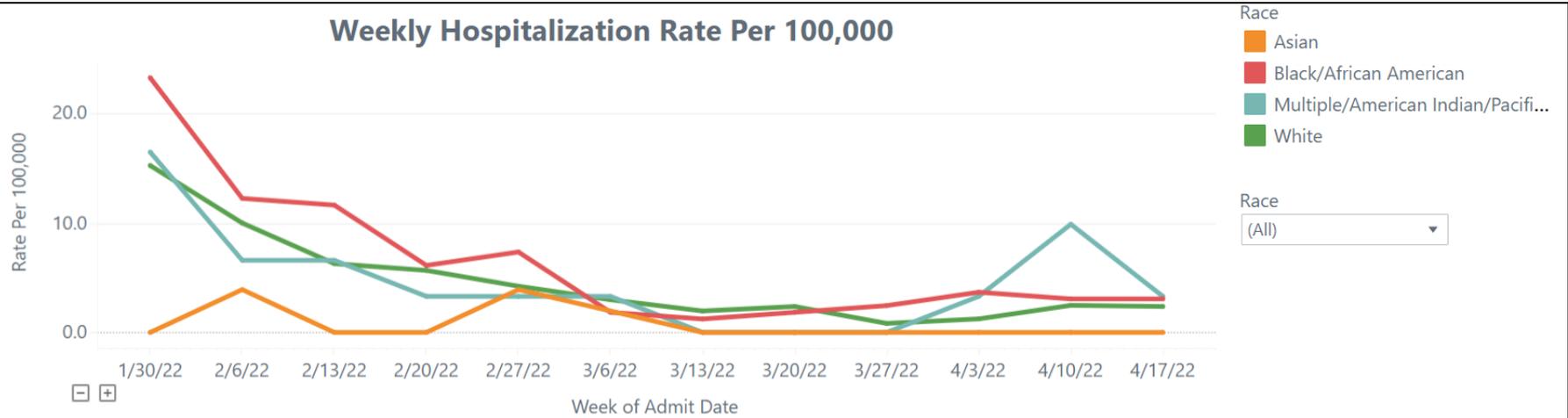
### Deaths



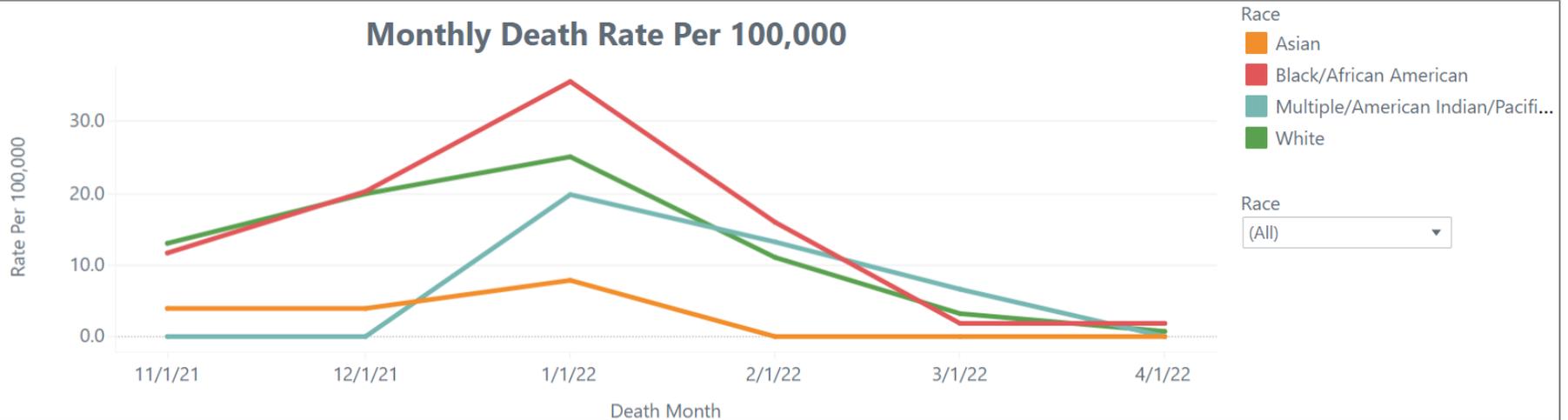
<https://www.alleghenycounty.us/Health-Department/Resources/COVID-19/COVID-19-Dashboards.aspx>



## Weekly Hospitalization Rate Per 100,000



## Monthly Death Rate Per 100,000





# Variants Data

Specimen Collection Date  
1/27/2021 to 4/22/2022

Variant

Alpha (B.1.1.7)

Beta (B.1.351)

Delta (B.1.617.2 et al)

Delta plus (AY.1-2)

Gamma (P.1)

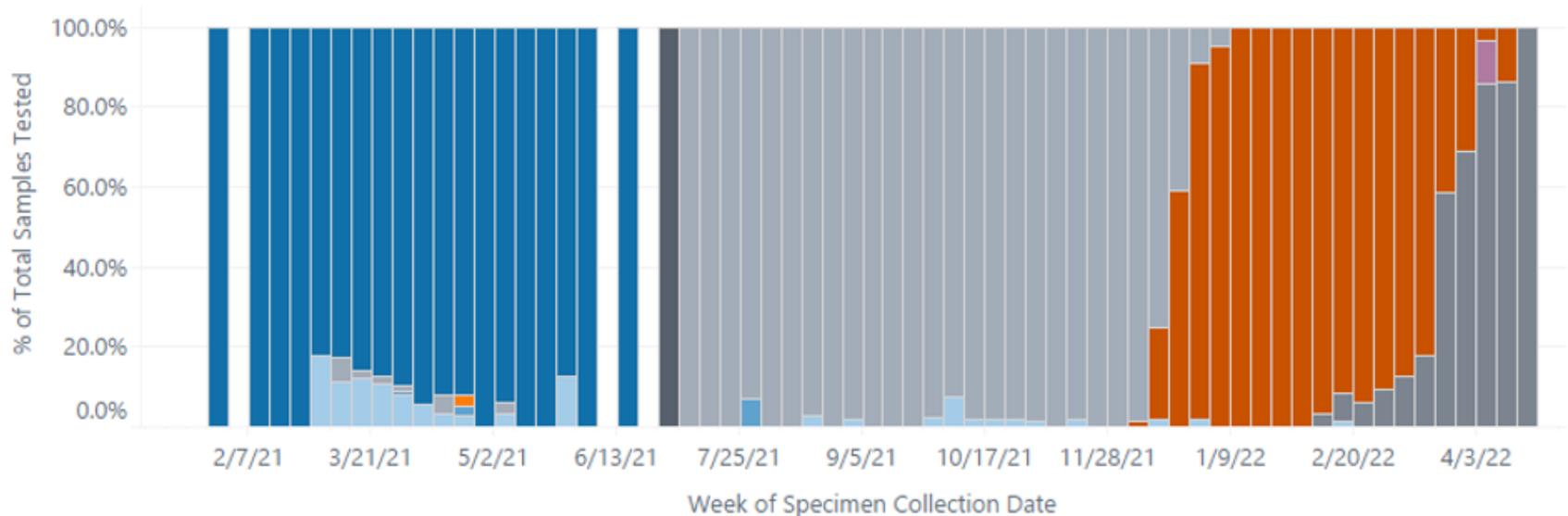
Omicron (B.1.1.529/BA.1)

Omicron/BA.2.12

Omicron/original BA.2

Other

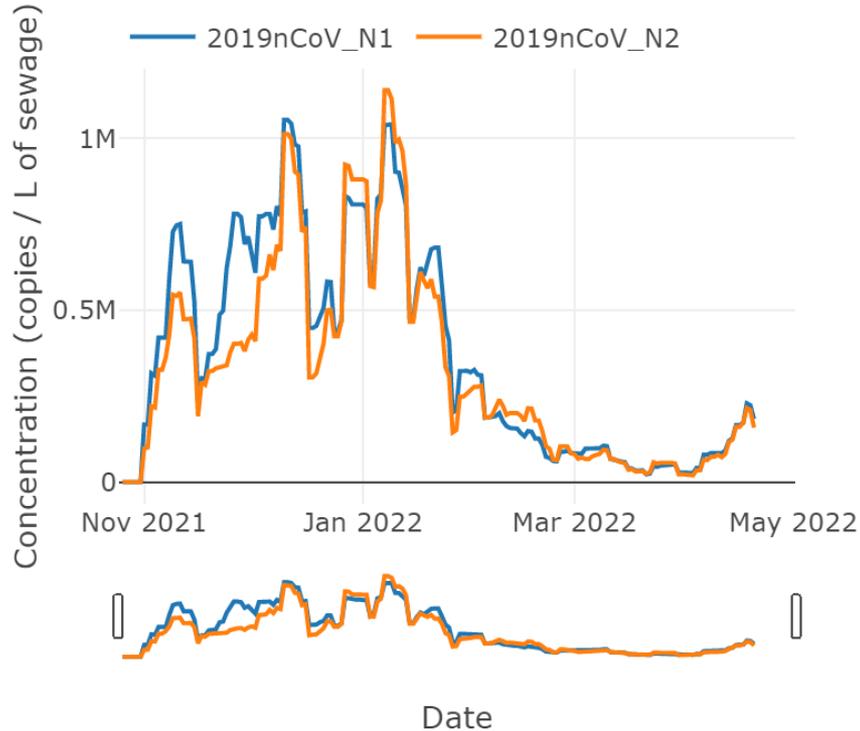
## COVID-19 Variant Proportions by Week



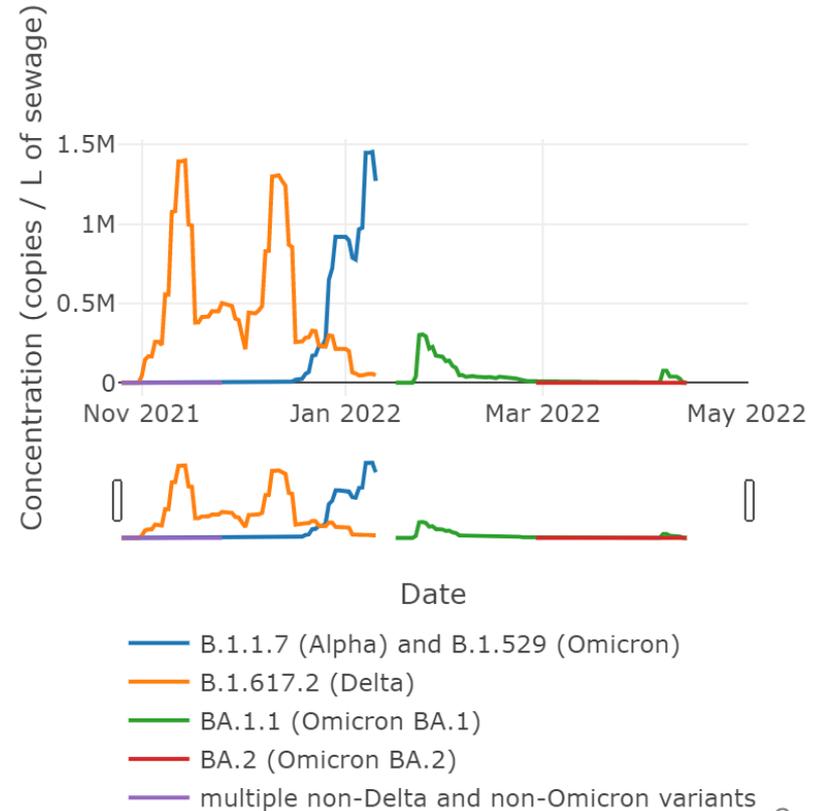


# Wastewater Surveillance

## Viral counts



## Variant counts





# Allegheny County Vaccinations

## OVERALL

**% of Population Ages 5+ with at least 1 Dose:**

81.1%

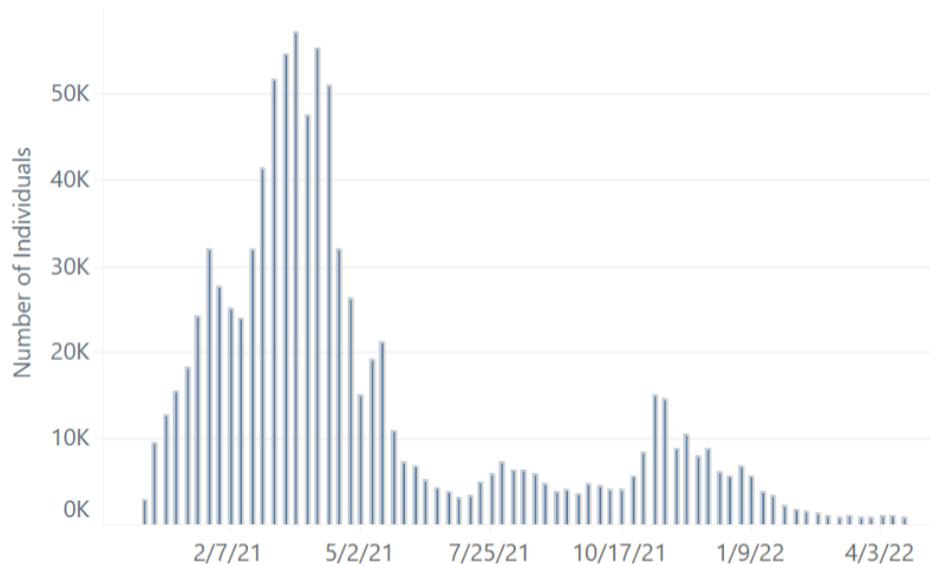
**% of Population Ages 5+ Fully Vaccinated:**

72.2%

**% of Fully Vaccinated Ages 12+ with Booster Dose:**

55.6%

Individuals at least Partially Vaccinated by Week



	Vaccination Status		
Race	At least partially	Fully	Fully + Booster
White	72%	65%	56%
Black	59%	51%	44%
Asian/PI	88%	72%	48%



## Hospitalizations by Vaccination Status in Allegheny County

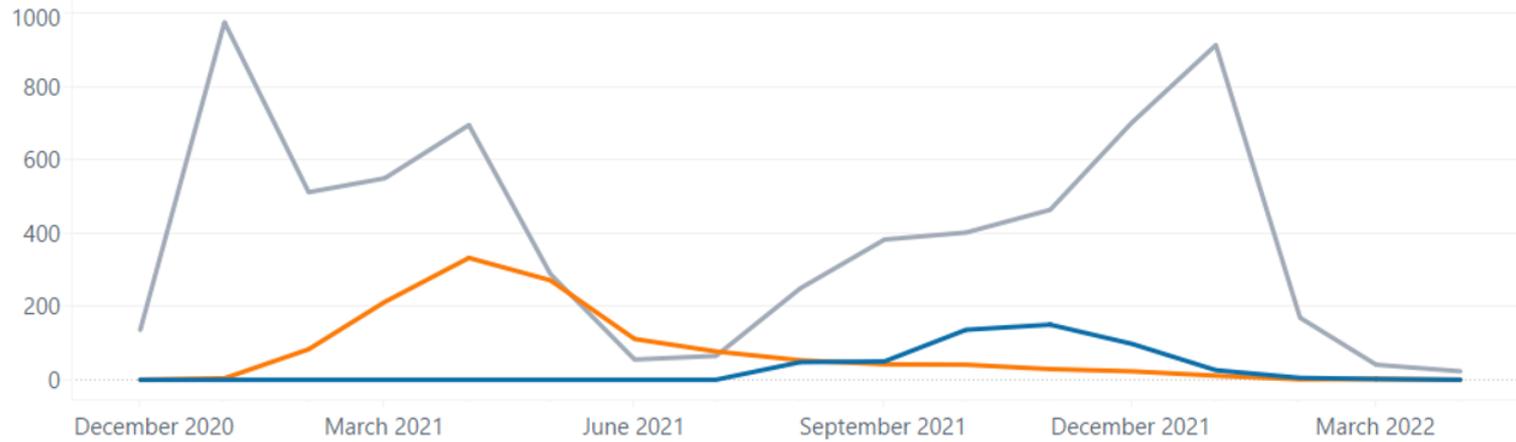
Hospitalizations  
(Booster):  
515.0

Hospitalizations  
(Fully Vax Only):  
1,292.0

Hospitalizations  
(Unvaccinated):  
6,612.0

### Hospitalizations by Month

Time Period: 12/28/2020 - 4/30/2022



Vaccination Status

■ Booster ■ Fully Vax Only ■ Unvaccinated

Last Data Refresh: 5/3/2022 9:08:33 AM



## Deaths by Vaccination Status in Allegheny County

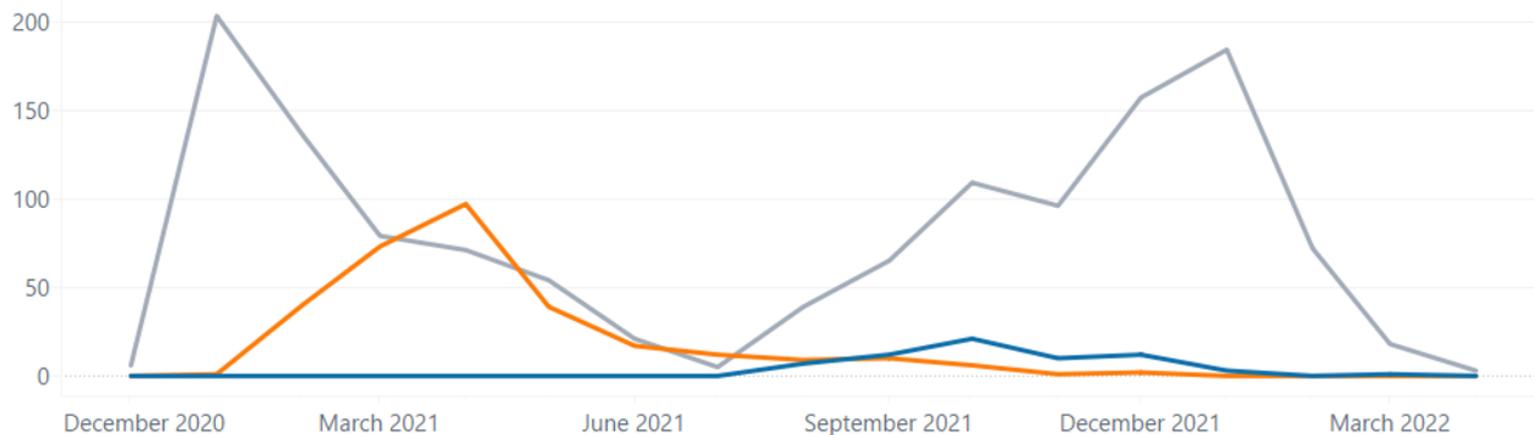
Deaths  
(Booster):  
66.0

Deaths  
(Fully Vax Only):  
307.0

Deaths  
(Unvaccinated):  
1,318.0

### Deaths by Month

Time Period: 12/28/2020 - 4/30/2022



Vaccination Status

■ Booster ■ Fully Vax Only ■ Unvaccinated

Last Data Refresh: 5/3/2022 9:08:33 AM



# Take Home Reminders

- **VAX**
- **MASK** - in higher risk situations depending on your personal risk and community level
- **TEST** - if exposed or not feeling well
- **TREAT** - if test positive and risk factors for adverse outcomes (regardless of vax status) - consider [PAXLOVID™ | Pfizer](#)
  - EUA for treatment of mild-to-moderate COVID-19 in adults and children 12 or older (Wt  $\geq$  88 pounds (40 kg) with a positive COVID-19 test
  - At high risk for progression to severe COVID-19, including hospitalization or death



# Personnel Updates

- New Public Health Information Officer
  - Neil Ruhland (Started May 2)
  - Communications and Engagement Manager, City of Richfield, MN
- Record number of applicants past few months

[Careers | Health Department | Allegheny Home \(alleghenycounty.us\)](#)

- Human Resources Personnel
- Plumbing Inspectors
- Public Health Nurses
- WIC Nutritionists and Other staff
- Microbiologist
- Dental Assistants
- Others...



# Improving Meeting Access

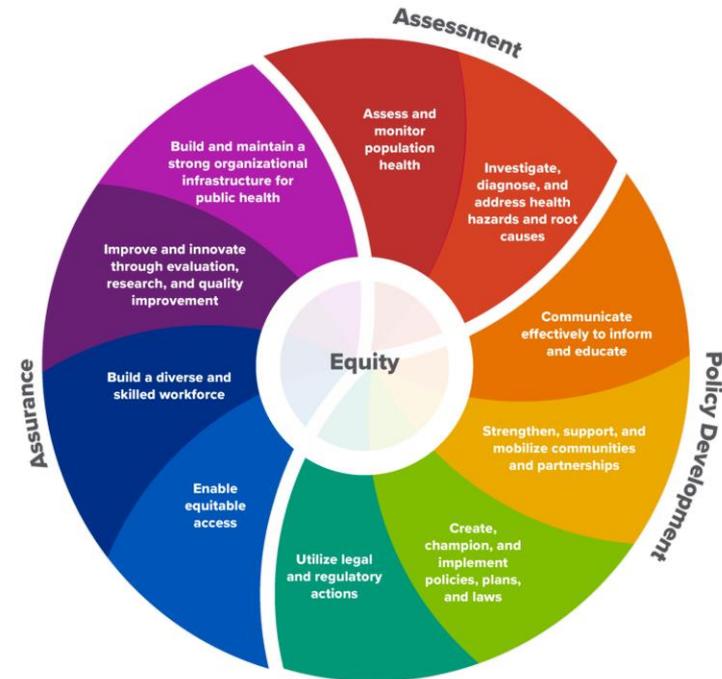
- Meeting agenda in English and Spanish
- Form for accommodation request available now online

## Planned

- Use of ASL translator at future meetings
- Work-in-progress to identify needs and overcome other barriers

# PHAB Reaccreditation Planning

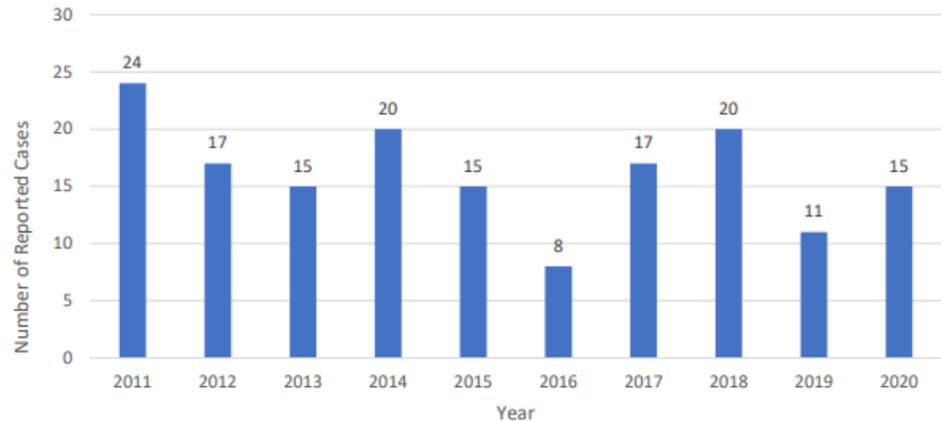
- Community Health Assessment (CHA) draft complete and undergoing internal review
- CHA engagement May: Review key findings with partner organizations, ACHD program staff
- Community Health Improvement Plan (CHIP) engagement May/ June: Review data with partners and residents, decide on key metrics, goals, and strategies for improving community health



## Recently Released Reports

- [2020 TB Summary Report](#)
- FAQ about TB
- Summarizes data on active TB cases reported to the ACHD
- 2011 to 2020

Figure 1. Active TB cases by year in Allegheny County, 2011-2020





# Open Data (see Western PA Regional Data Center)

## Recently Added

- COVID-19 Vaccination data (since March 2022)
- Plumbing inspection and violations (since Nov 2021)

## Forth Coming

- COVID-19 Variant data
- COVID-19 Postvaccine data
- COVID-19 Wastewater Surveillance data

[WPRDC • The Region's Open Data at Your Fingertips](#)



# Next Updates ...

- Michael Moskorisin – Program Manager, Wastewater and Solid Waste Management
- Kristen Mertz, MD, MPH - Medical Epidemiologist update on Reportable Disease
- Thank you ...







# 2021 Phase II Municipal Consent Order and Agreement

Michael Moskorisin

Wastewater and Solid Waste Management

May 4, 2022





# How did we get here?

## 2004 Administrative Consent Order (ACO)

### Inspect and evaluate system

- Structural defects
- Inflow and Infiltration
- Map system
- Dye test catch basins, residential roof leaders, yard drains, and driveway drains
- Make structural repairs



# How did we get here?

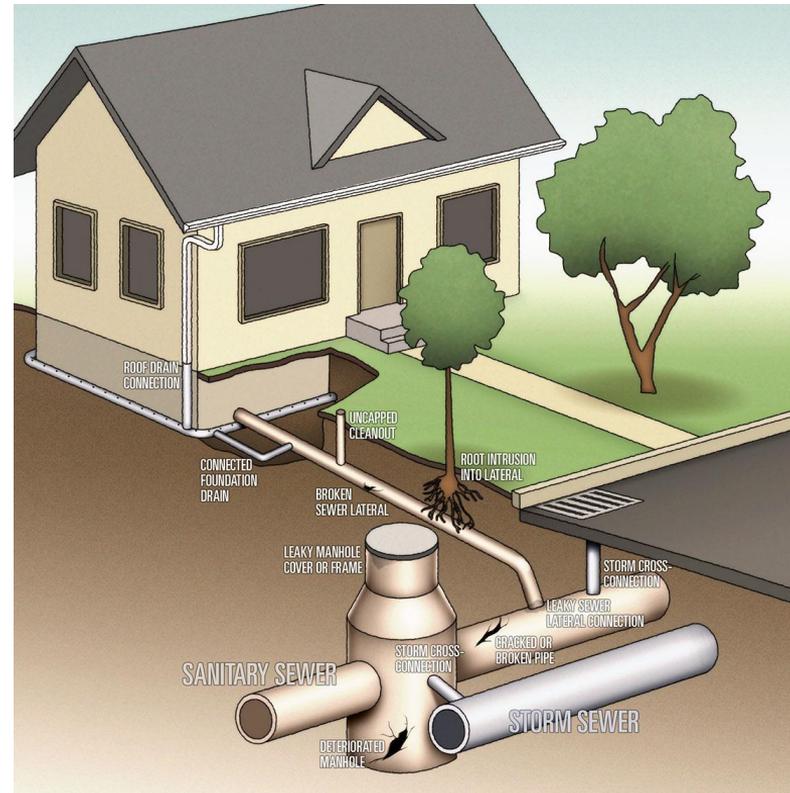
## 2015 Consent Order and Agreement (COA)

### Source reduction study

- Types or combinations of projects to reduce flows in sewage system
  - Inflow and Infiltration
  - Stream Removal
  - Lining and replacement
  - Lateral inspection/repair

# Reducing flow in the System and the COA

Excess water enters the system in many ways including roof leaders and driveway drains, “leaky” sewer laterals and pipes and streams flowing into the sewer system.



# ALCOSAN'S GROW Program

- As a possible solution to the burden of financing GSI Source Reduction projects, *a.k.a. demonstration projects* in the municipalities, ALCOSAN'S GROW Program (Green Revitalization of Our Waterways) was developed.
- Since 2016, the GROW program has provided over \$30 million in grant funding towards 105 projects that will reduce sewer overflow by an estimated 142 million gallons.





# Milestones

## Phase II Municipal COA

- **May 31, 2023:** locate excess flow using point of connection flow monitoring and flow isolation
- **September 30, 2024:** design Source Flow Reduction (SRF) project; submit WQM permit application to DEP
- **December 31, 2025:** complete construction of SRF project
- **June 30, 2026:** submit Phase II Source Reduction Study
- **December 31, 2027:** submit Final Report to ACHD, DEP, and ALCOSAN
- **December 31, 2029:** Termination of COA



# Municipal Cooperation





# Update to Reportable Diseases

Kristen Mertz, M.D., M.P.H.  
Medical Epidemiologist, ACHD

May 4, 2022





## Report the Following Within 24 Hours of Diagnosis

- **Note: Clinical laboratories - all diseases are reportable by the next workday.**
- Animal Bites ([Online Animal Bite Reporting Form](#))
- Anthrax
- Arboviruses (includes chikungunya, dengue, Eastern equine encephalitis, Japanese encephalitis, Powassan, St. Louis encephalitis, West Nile virus infection, Yellow fever, et. al.)
- Botulism (all forms)
- [Carbon Monoxide Poisoning](#)
- Cholera
- Diphtheria
- Enterohemorrhagic E. coli O157:H7 (shiga toxin-producing E. coli or STEC)
- Food Poisoning
- Haemophilus Influenzae, invasive disease
- Hantavirus Pulmonary Syndrome
- Hemorrhagic Fever (includes Ebola)
- Lead Poisoning
- Legionellosis
- Measles
- Meningococcal Invasive Disease
- Plague
- Poliomyelitis
- Rabies
- Smallpox
- Typhoid Fever



# Report the Following Within 5 Working Days of Diagnosis

- Acquired Immunodeficiency Syndrome
- Anaplasmosis
- Amebiasis
- Babesiosis
- Brucellosis
- Campylobacteriosis
- Cancer (Report to the PA Cancer Registry)
- CD4 T-Lymphocyte test result <200 or a percentage <14% of total
- Chancroid
- Chickenpox (Varicella)
- Chlamydia Trachomatis (Chlamydia) Infections
- Creutzfeldt-Jakob Disease
- Cryptosporidiosis
- Ehrlichiosis
- Encephalitis (all types)
- Giardiasis
- Neisseria gonorrhoeae (Gonorrhea) Infections
- Granuloma Inguinale
- Guillain-Barre Syndrome
- Hepatitis, Viral - Acute and Chronic (A, B, C, D, E)
- Histoplasmosis
- Human Immunodeficiency Virus (HIV)
- Influenza (Lab-confirmed only)
- Leprosy
- Leptospirosis
- Listeriosis
- Lyme Disease
- Lymphogranuloma Venereum
- Malaria
- Meningitis (all types - not limited to invasive Haemophilus influenzae or Neisseria meningitidis)
- Methicillin-Resistant Staphylococcus aureus (MRSA) invasive disease
- Mumps
- Perinatal Exposure of newborn to Hepatitis B
- Perinatal Exposure of newborn to HIV
- Pertussis (Whooping Cough)
- Psittacosis (Ornithosis)
- Respiratory Syncytial Virus
- Rickettsial Diseases
- Rubella and Congenital Rubella Syndrome
- Salmonellosis
- Shigellosis
- Staphylococcus aureus, Vancomycin-resistant (VRSA) or Intermediate (VISA) invasive disease
- Streptococcal invasive disease (group A)
- Streptococcus pneumoniae, invasive disease
- Syphilis - all stages
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- Trichinosis
- Tuberculosis
- Tularemia

# COVID-19

The Coronavirus Aid, Relief, and Economic Security (CARES) Act requires every CLIA-certified COVID-19 testing site to report every diagnostic and screening test result (both positive and negative results) performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody) to the appropriate state or local public health department, based on the individual's residence.

## Coronavirus Disease 2019 (COVID-19)

### National Notifiable Time Periods

National Notifiable		Condition/Subtype
From Year	To Year	
2020	Current	Coronavirus Disease 2019 (COVID-19)

### Case Definition(s)

- [Coronavirus Disease 2019 \(COVID-19\) | 2021 Case Definition](#)
- [Coronavirus Disease 2019 \(COVID-19\) | 2020 Interim Case Definition, Approved August 5, 2020](#)
- [Coronavirus Disease 2019 \(COVID-19\) | 2020 Interim Case Definition, Approved April 5, 2020](#)



## COVID-19: DHHS updated Laboratory Data Reporting Guidance

- Beginning April 4, 2022, COVID-19 testing facilities are no longer required to report NEGATIVE results for rapid and antigen testing at CLIA certificate waived sites.
- Testing facilities are no longer required to report POSITIVE or NEGATIVE antibody test results.
- The updated guidance still requires laboratories to report both POSITIVE AND NEGATIVE results for laboratory-based nucleic acid amplification tests (NAATs) that are performed in a facility that is certified under CLIA to perform moderate- or high-complexity tests.

# Carbapenemase-Producing Carbapenem Resistant Enterobacteriaceae [Enterobacterales] (CP-CRE)

- CRE are bacteria that are often resistant to many types of antibiotics, limiting treatment options.
- CRE infections can have high mortality rates among hospitalized patients, up to 50% in some studies.
- Many CRE produce carbapenemases, which can be transmitted from Enterobacterales to other bacteria, facilitating spread of resistance.
- CRE is usually associated with hospitals or long-term care facilities but has the potential to spread to community settings.
- CP-CRE has been nationally reportable since 2018.

CP-CRE, *Enterobacter* spp.

## National Notifiable Time Periods

National Notifiable		Condition/Subtype
From Year	To Year	
2018	Current	<a href="#">Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE)</a>
2018	Current	CP-CRE, <i>Enterobacter</i> spp.
2018	Current	<a href="#">CP-CRE, <i>Escherichia coli</i> (<i>E. coli</i>)</a>
2018	Current	<a href="#">CP-CRE, <i>Klebsiella</i> spp.</a>

# Candida auris

**DRUG-RESISTANT  
CANDIDA AURIS**

THREAT LEVEL **URGENT**

**323** Clinical cases in 2018

**90%** Isolates resistant to at least **one** antifungal

**30%** Isolates resistant to at least **two** antifungals

**Candida auris (C. auris)** is an emerging multidrug-resistant yeast (a type of fungus). It can cause severe infections and spreads easily between hospitalized patients and nursing home residents.

## WHAT YOU NEED TO KNOW

- *C. auris*, first identified in 2009 in Asia, has quickly become a cause of severe infections around the world.
- *C. auris* is a concerning drug-resistant fungus:
  - Often multidrug-resistant, with some strains (types) resistant to all three available classes of antifungals
  - Can cause outbreaks in healthcare facilities
  - Some common healthcare disinfectants are less effective at eliminating it
  - Can be carried on patients' skin without causing infection, allowing spread to others

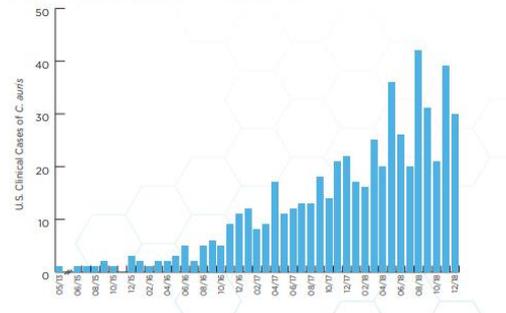
Data represents U.S. cases only. Isolates are pure samples of a germ.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## CASES OVER TIME

*C. auris* began spreading in the United States in 2015. Reported cases increased 318% in 2018 when compared to the average number of cases reported in 2015 to 2017.



## Candida auris

### National Notifiable Time Periods

National Notifiable		Condition/Subtype
From Year	To Year	
2019	Current	<a href="#">Candida auris, clinical</a>
-	-	<i>Candida auris</i>
-	-	<a href="#">Candida auris, colonization/screening</a>
-	-	<a href="#">Candida auris, screening/surveillance</a>

### Case Definition(s)

- [Candida auris | 2019 Case Definition](#)
- [Candida auris | 2018 Case Definition](#)

## Acute Flaccid Myelitis

- AFM is an uncommon but serious neurologic condition
- Affects mostly children under age 5 year
- Highest risk Aug to Nov
- Most common symptoms - sudden onset of arm or leg weakness, loss of muscle tone, and loss of reflexes
- Important to seek medical care immediately
- Tests to help with diagnosis should be done as soon as possible after a symptom onset

### Acute Flaccid Myelitis (AFM)

#### National Notifiable Time Periods

National Notifiable		Condition/Subtype
From Year	To Year	
-	-	Acute Flaccid Myelitis (AFM)

#### Case Definition(s)

- [Acute Flaccid Myelitis \(AFM\) | 2022 Case Definition](#)
- [Acute Flaccid Myelitis \(AFM\) | 2020 Interim Case Definition, Approved October 9, 2020](#)
- [Acute Flaccid Myelitis \(AFM\) | 2020 Case Definition](#)
- [Acute Flaccid Myelitis \(AFM\) | 2018 Case Definition](#)

# Hepatitis C negative RNA test results

- Allows for more precise classification of cases
- Allows recognition of successful treatment of HCV

## Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

TEST OUTCOME	INTERPRETATION	FURTHER ACTIONS
HCV antibody nonreactive	No HCV antibody detected	Sample can be reported as nonreactive for HCV antibody. No further action required. If recent exposure in person tested is suspected, test for HCV RNA.*
HCV antibody reactive	Presumptive HCV infection	A repeatedly reactive result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Test for HCV RNA to identify current infection.
HCV antibody reactive, HCV RNA detected	Current HCV infection	Provide person tested with appropriate counseling and link person tested to care and treatment.†
HCV antibody reactive, HCV RNA not detected	No current HCV infection	No further action required in most cases. If distinction between true positivity and biologic false positivity for HCV antibody is desired, and if sample is repeatedly reactive in the initial test, test with another HCV antibody assay. In certain situations,‡ follow up with HCV RNA testing and appropriate counseling.

\* If HCV RNA testing is not feasible and person tested is not immunocompromised, do follow-up testing for HCV antibody to demonstrate seroconversion. If the person tested is immunocompromised, consider testing for HCV RNA.

† It is recommended before initiating antiviral therapy to retest for HCV RNA in a subsequent blood sample to confirm HCV RNA positivity.

‡ If the person tested is suspected of having HCV exposure within the past 6 months, or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.



## These reportable diseases will allow ACHD Epi staff to:

- Continue surveillance for COVID-19 clusters and outbreaks
- Monitor and control the spread of CP-CRE
- Be prepared for emerging threats (C auris, AFM)
- Better estimate the incidence and prevalence of HCV





# Article XXI Air Pollution Control

Request for Delegation of Authority to  
Implement the Federal Plan for Existing  
Municipal Solid Waste Landfills

Board of Health  
May 4, 2022





**We are requesting that the Board of Health grant approval to hold a public comment period on the following:**

- A proposed Request for Delegation of Authority to Implement the Federal Plan for Municipal Solid Waste Landfills; and**
- An associated proposed update of Article XXI Section 2105.73, “MSW Landfills.”**



# Municipal Solid Waste Landfills Regulation

- MSW landfills receive non-hazardous wastes from homes, businesses and institutions. As the waste in the landfill decomposes, it produces landfill gas, which includes carbon dioxide, air toxics and methane – a potent greenhouse gas with a global warming potential more than 25 times that of carbon dioxide.
- Methane is the second most prevalent greenhouse gas emitted by human activities in the United States and nearly 20% of those emissions come from landfills.
- Landfills are the second largest industrial source of methane emissions in the United States.



## MSW Landfills Regulation (Continued)

- In 2016, U.S. EPA issued revised New Source Performance Standards to reduce emissions of methane-rich landfill gas from new or modified MSW landfills updating standards that were issued in 1996.
- EPA also issued revised 'Emission Guidelines' for reducing emissions from existing landfills constructed or modified on or before July 17, 2014.



## MSW Landfills Regulation (continued)

- The updated Emission Guidelines apply through EPA-approved state plans or a *federal plan*.
- The federal plan exists at 40 CFR Part 62, Subpart OOO.
- ACHD seeks to apply the emission guidelines by making a “Request for Delegation of Authority of the Federal Plan,” as promulgated at 40 CFR 62 Subpart OOO.
- To do so, ACHD must demonstrate it has adequate resources and the appropriate legal authority to administer and enforce the plan, meet several other conditions, and finally, must conduct a public hearing on the Request.



## MSW Landfills Regulation (continued)

- In addition, ACHD must update existing Article XXI Section 2105.73, “MSW Landfills” to reflect the incorporation by reference of the new federal regulations under 40 CFR Part 62 Subpart 000, and the removal of references to the now-superseded federal regulations of 40 CFR Part 60 Subpart WWW.
- These regulation changes will be submitted for public comment with the Request for Delegation.



# Estimated Emissions Reductions

- Allegheny County has three MSW landfills regulated under Article XXI, Section 2105.73.
- While emission reduction figures are not available on a local basis, EPA estimates that nationwide, their revised rules will:
  - Reduce methane emissions by 334,000 metric tons, the equivalent of reducing 8.2 million metric tons of carbon dioxide in 2025.
  - Cut CO<sub>2</sub> directly by an estimated 303,000 metric tons and reduce 2000 metric tons of non-methane organic compound emissions – which include air toxics.





# Article III Regulatory Update

Otis Pitts

ACHD Deputy Director

Bureau of Food Safety, Housing & Policy

Presentation and Vote to Approve

May 4, 2022





## Intent of Article III Regulatory Update

- Update is necessary to:
  - Align Allegheny County food standards with those found in Commonwealth of Pennsylvania regulations
  - Promote efficiency for Food Safety Program operations and permitting
  - Incorporate FDA Model Food Code language to promote clarity and consistency
  - Address new and emerging issues in the food service sector



## Timeline - Today's Article III vote in context

- November 12, 2021 - January 24, 2022: Public Comment Period
- January 20, 2022: ACHD held public hearing to collect public testimony
- February - March 2022:
  - ACHD reviewed public comments and drafted public comment response document
  - Food Safety Advisory Committee reviewed drafts recommended edits
  - ACHD incorporated public comment input into Article III as appropriate and identified timeline for effective date and enforcement of new provisions
- May 4, 2022: BOH Vote to Approve
- Upon BOH favorable vote, ACHD will send Article III proposal to County Council for final approval
- January 1, 2023: Effective date for new Article III provisions



## Key Changes Since Public Comment Period

- **§310** Utensil Handling and Storage: Subsection 310.4 “Returnable Items” was added
- **§311** Cleaning and Sanitization of Equipment and Utensils:
  - Subsection 311.5 “Alternative Manual Cleaning and Sanitizing” was added
  - Subsection 311.2 “Cleaning Frequency” was amended to place language from the FDA Food Code directly in the text rather than adopting requirements by reference
- **§316** Animals in Food Facilities: Section 316.1 was amended to reflect the need for approval from the Department for pet areas external to the food facility



## Key Changes Since Public Comment Period (cont.)

- **§333** Food Preparation: Subsection 333.9 “Food Labels” was added
- **§334** Food Display and Service: Subsection 334.3 “Food Delivery” was added
- **§335** Donation of Foods: Revisions made to promote readability
- **§336** Transportation of Food: Revisions were made throughout to provide improved readability and to distinguish transport from delivery
- **§332** Effective Date: Effective date was added



## Food Safety Advisory Committee

- Matt Anselmo, Giant Eagle
- Joe Beaman, University of Pittsburgh Business & Auxiliary Services
- Brian Eaton, Grist House Brewery & Pittsburgh Brewers Guild
- Richard Mills, Hospitality & Tourism Professor, Robert Morris University
- Jesus Martinez, La Palapa
- Stephen Musciano, Common Plea Catering
- Dawn Plummer, Food Policy Council
- Nicolette Spudic, CRAFT at Chatham University
- Ernie Ricci, Ricci's Italian Sausage
- John Rizzo, UPMC Senior Communities
- Tim Tobitsch, Franktuary
- Tom Williams, Hofbrauhaus
- Tricia Wood, South Fayette School District



# **Questions**





# ACHD Food Safety Fee Schedule Proposal

Otis Pitts

ACHD Deputy Director

Bureau of Food Safety, Housing & Policy

Board of Health Meeting

May 4, 2022





## Introduction

- Current Fee Schedule
- Goals for New Proposal
  - Align with new Article III Classification System
  - Promote uniformity, transparency and efficiency
- Proposed Fee Schedule including cyclic 6% increase
- Board of Health Vote



## Fee Comparisons

- Jurisdictions
  - PA Department of Agriculture
  - Erie County Health Department, PA
  - Cuyahoga County Board of Health (Cleveland, OH)
  - City of Columbus Public Health (Columbus, OH)
  - Monongalia County Health Department (Morgantown, WV)
  - Erie County New York Department of Health (Buffalo, NY)



### Fee Projections with 6% Increase, No Adjustments

Class	Proposed Fee	Minimum Fee under Current Structure	Maximum Fee under Current Structure	Maximum Increase in Individual Fee	Maximum Decrease in Individual Fee
1	<b>\$128</b>	\$53	\$1,728	\$75	\$1,600
2	<b>\$170</b>	\$42	\$2,092	\$170	\$1,922
3	<b>\$244</b>	\$42	\$2,092	\$202	\$1,848
4	<b>\$404</b>	\$42	\$2,092	\$362	\$1,688



### Fee Projections with 6% Increase, Including Adjustments

Class	Proposed Fee	Proposed Non-Profit Fee	Proposed Mobile Fee	Maximum Increase in Individual Fee
1	<b>\$128</b>	\$64	\$110	\$45 (\$75)
2	<b>\$170</b>	\$85	\$110	\$128 (\$170)
3	<b>\$244</b>	\$122	\$150	\$202 (\$202)
4	<b>\$404</b>	\$202	\$150	\$362 (\$362)



## Annual Permit Fee Comparisons

Jurisdiction	Annual Permit	Mobile Permit
ACHD	\$128-\$404	\$110; \$150
PA Department of Agriculture	\$82	\$82
Erie County, PA	\$100-\$600	\$100; \$130
Cuyahoga County, OH	<25,000 sq. ft.: \$170-\$394 >25,000 sq. ft.: \$228-\$778	\$169
Columbus, OH	Similar to above	\$193
Morgantown, WV	With liquor: \$250-\$625 Without liquor: \$125-\$500	\$100
Buffalo, NY	\$79-\$282	\$147



## Changes in Existing Fees & New Fees

- Existing Fees
  - Temporary and Seasonal Food Permits
  - Plan Review
- New Fees
  - Change of Ownership/Mobile Commissary
  - Inspection Fees (2<sup>nd</sup> Inspections)
  - Event Organizer Registration



## Temporary Food Facility Permits

- Comparisons

Jurisdiction	Temporary Permit
ACHD	\$50 (for 1 event up to 14 days)
Erie County, PA	1-2 days = \$40 3-7 days = \$80 8-14 days = \$140
Cleveland, OH	\$70/day
Buffalo, NY	Application received >5 / <5 days from event: 1-3 Days = \$106/\$146 4-7 Days = \$120/\$160 Over 7 Days = \$150/\$190



## Plan Review - New Construction/Remodel

- Utilizing the classification system
- Comparisons

Jurisdiction	Plan Review Fee
ACHD	Class 2=\$85; Class 3=\$122; Class 4=\$202
PA Department of Agriculture	\$103 (under 50 seats & owner operated) \$241 (new facility)
Erie County, PA	\$130
Cleveland, OH	Class 1 & 2 = \$345 Class 3 & 4 = \$425
Morgantown, WV	New construction: \$250-\$400 Renovation/Remodel = \$200 Mobile = \$150 + \$90/hour for additional time
Buffalo, NY	\$147



## Change of Ownership/Mobile Commissary

- Comparisons

Jurisdiction	Change of Ownership Fee
ACHD	\$85
PA Department of Agriculture	\$82
Erie County, PA	\$130
Morgantown, WV	\$150



## Inspection Fees

- Comparisons

Jurisdiction	Inspection Fees
ACHD	Second pre-operational: \$100 Second permit reinstatement: \$200
PA Department of Agriculture	Courtesy - \$150 2 <sup>nd</sup> Follow-up = \$150 3 <sup>rd</sup> Follow-up = \$300
Erie County, PA	1 <sup>ST</sup> Follow-up = no fee 2 <sup>nd</sup> follow-up = \$100 3 <sup>rd</sup> follow-up = \$200



## Event Organizer Registration

- Aligns with Section 306 of Article III Proposal
- Requires organizers of events featuring 5 or more food vendors to supply ACHD Food Safety Program with information including:
  - Point of contact during event
  - Water supply plan
  - Waste and refuse disposal plan
  - Business name and contact information for expected food vendors



## Implementing a New Fee Schedule

- Proposing to be effective January 1, 2023
- External communications
  - Mass mail and email messages to notify operators of increase and change in permitting schedule
  - Provide guidance on classification system related to permitting
- Internal actions
  - Train ACHD Food Safety staff on new fees
  - Update ACHD Food Safety fee documents including annual permit schedule, plan review documents
  - Coordinate with ACHD IT to update ACHD Fee & Permit billing application



# Questions





# Article II

## Syringe Service Program Request

Otis Pitts

ACHD Deputy Director

Bureau of Food Safety, Housing & Policy

Vote to Approve

May 4, 2022





## ACHD Rules and Regulation - Article II

- **Needle Exchange Program Requirements:**
  - Article II Section 205 (C):
    - Statement of intent, including rationale for program
    - Key individual information
    - Intended program location and hours of operation
  
- **Needle Exchange Approval Process:**
  - Article II Section 205 (B):
    - “Board of health shall review each proposal, and upon approval, shall forward written copies of all materials pertaining to the approved proposals to the County Chief Executive and Council, and to the Mayor and Council of each municipality where a Needle Exchange Program is proposed...”



# Public Comments

- Commenters will be allowed 3 minutes each to address the Board