

GREENWICH DEPARTMENT OF HEALTH

	<u>2020-2021</u>	<u>2019-2020</u>	<u>2018-2019</u>
Budgeted Personnel*(Note ¹)	(1) <u>24</u>	(1) <u>24</u>	(1) <u>24</u>
*Includes permanent Part-time positions			
Expenditures: (Note ¹)	(1)2,502,484	(1)2,502,484	(1)2,445,276
Current (Note ²)	(2)4,700,000	(2)4,700,000	(2)4,653,650
Capital (Note ¹)	-0-	-0-	-0-
 Total: (Note ¹)	 (1) <u>\$2,502,484</u>	 (1) <u>\$2,502,484</u>	 (1) <u>\$2,459,274</u>
 Revenue: (Note ¹)	 (1)389,767	 (1) <u>418,419</u>	 (1) <u>439,079</u>

*(Note ¹) Department of Health, includes encumbrances and improvements financed in each year.
(Note ²) Includes contract expenditures for Greenwich Emergency Medical Services, Inc.*

ADMINISTRATION

Organized in 1887, the Department of Health has dedicated itself to providing strong leadership for the advancement of health in the community. As the primary public health agency, the Department will furnish guidance and direction to service health providers in an effort to prevent disease, premature death, illness and disability. Functioning under statutory direction, the Department of Health will promote public health activities, encourage a healthier lifestyle; facilitate community commitment for a safe, pollution free environment and advocate for health policies that enrich the quality of life. With community and political support, the Department of Health will also collaborate to identify critical health needs, allocate resources to those who need them, assist with the delivery of health services and work to reduce population disparities so that equal access to health care can be obtained by all.

Administered by a Director of Health whose authority derives from the Connecticut General Statutes and Town Charter, the position serves to oversee all events and activities that impact the health of Greenwich residents. The Director is mainly responsible for assuring that all ten essential public health services are provided and that the day-to-day operation of the Department is carried out, especially controlling communicable diseases in the community. The execution of this function requires extensive knowledge of public health practice, a high level of personal and professional commitment, responsiveness towards the needs of the population, flexibility towards changes in the environment and administrative ability to direct and implement a public health emergency response. Under the aegis of the Board of Health, the Director guides the Department to work harmoniously with the public, private health service providers, individuals and organizations, to meet community goals and objectives.

The multi-faceted functions of the Department are executed through the specialized activities of the Divisions of Environmental Services (includes Laboratory), Administration (includes Public Health Emergency Preparedness – if funding is available), Family Health, Dental Health, the Business Office and the Office of Special Clinical Services. Overall, the Department’s Operational Plan is structured according to the mission of public health which is responsible for monitoring health conditions within the community, providing essential public health services, identifying unmet critical health needs, developing health policies, ensuring access to health care, enforcing

health laws and regulations, allocating health resources when needed, investigating disease outbreaks and planning for emergent events that would require a public health response.

Every year federal and state public health officials stress the importance of being prepared for a public health emergency such as a pandemic. It has been 18 months since COVID-19 arrived in the U.S. At the end of June 2020 Greenwich had over 800 positive cases of COVID-19. The State of Connecticut reported 46,514 cases and 4,322 deaths.

The fiscal year 2020/2021 was very challenging for everyone due to the COVID-19 Pandemic. In the summer of 2020 COVID-19 cases were minimal and in-person learning for school children was planned along with hybrid and remote learning. The mosquito larviciding program began before the fiscal year started and continued through early fall. There were two human cases of West Nile Virus (WNV), but thankfully, no deaths. The beach season was almost problem free with a few beach closures due to excessive rainfall. The flu season was almost not measurable as social distancing and mask wearing was applied nationwide. As the fall season arrived, COVID-19 cases increased. Phased-in openings continued in Connecticut despite the number of rising cases. Connecticut soon became a red zone, which meant it had more than 15 cases of COVID-19 a day for a 14-day average per 100,000 population. By Christmas, there were hundreds of cases being reported. The month of December added 776 new cases to its total. The Department of Health was overwhelmed with positive cases trying to conduct contact tracing and monitor patients and their families, which, in many situations, also caught the virus. It was estimated at the time that 60% of COVID-19 patients were able to recover at home from the disease; however, each patient had to be monitored carefully as some got very sick and had to be hospitalized. The loss of patients had a detrimental effect on the staff. Many work duties had to be tabled in an effort to handle the pandemic. The following is a snapshot of what occurred during the COVID-19 Pandemic in FY 2020/2021.

July 2020

The new fiscal year started off with high hopes that the COVID-19 Pandemic would soon be ending. The State of Connecticut had one of the lowest infection states in the U.S. mainly due to stringent social distancing, business closures, good hygiene and mask wearing in public. The State reported a total of 46,572 positive case of COVID-19, just short of four months from when the first case of COVID-19 was reported in the U.S. The total number of deaths in the State was recorded at 4,324. The Department of Health reported 821 positive COVID-19 cases along with 50 deaths. The hospital had no cases of COVID-19 in the beginning of the month and reported that they treated and discharged 583 COVID-19 patients since the start of the pandemic which began in January 2020. The average number of new cases in the U.S. was 60,000 a day with over 35 states reporting surges in positive cases. Nationwide, more young people started to become ill with the disease. Connecticut began to open facilities and outdoor dining expanded. By the end of July, positive cases were increasing in the Northeast. In the U.S., there were 1,905,754 confirmed new cases of COVID-19 for the month.

August 2020

A regional travel advisory between Connecticut, New Jersey, New York and Rhode Island went into effect this month directing all incoming travelers from states with significant COVID-19 cases to self-quarantine for 14 days. COVID-19 cases were slowly rising with the State reporting a total of 52,350 cases, 4,465 deaths and 60 hospitalizations. Greenwich had a total of 949 positive cases and 52 deaths by the end of the month. The State Department of Public Health put in place a confidential contact tracing web-based data program which all local health departments signed on to use. Prior to the states new program, the Department of Health conducted contact tracing manually when the pandemic started on all positive COVID-19 patients and their family members.

In-person learning was scheduled to begin at the end of the month for all public and private schools in the State. Governor Lamont issued a mask mandate by Executive Order for all students, teachers, faculty and visitors. In addition to in-person learning, public schools offered hybrid and remote learning. In the U.S., there were 1,455,018 confirmed new cases of COVID-19 for the month.

September 2020

The State went forward with Phase 3 opening this month, expanding most facilities with added capacity except for bars and night clubs, which remained closed. Connecticut's regional travel advisory continued adding more states to the list for self-quarantine. Governor Lamont signed his 69th Executive Order to mitigate the spread of COVID-19. This order extended and renewed all Executive Orders issued under the March 10, 2020 Public Health and Civil Preparedness Emergency Declaration through November 10, 2020. COVID-19 cases were rising quickly in Connecticut along with other states in the Northeast. This increase was thought to be the result of Labor Day activities and college students going back to school. The second wave of the COVID-19 pandemic officially began this month. The total number of COVID-19 cases in Connecticut at the end of the month was 57,329 and 4,503 deaths. Greenwich ended the month with 1,002 positive cases and 52 deaths. West Nile Virus (WNV) was at its peak as the Department of Health gave warning to residents about the two circulating viruses. Indoor visitation guidelines for nursing home visits was issued by the federal government as the number of deaths continued. The U.S. reported 1,214,290 confirmed new cases of COVID-19 this month.

October 2020

This month, the virus transmission rate was the highest since March 2020. Connecticut ranked sixth (6th) in the nation with positive COVID-19 cases and ranked fourth (4th) with the highest death rate. Unfortunately, at this time, Connecticut had the highest nursing home resident death rate in the Northeast. Many states began to see case surges when the weather got colder and people began to move inside. This is not unusual as coronaviruses like cool weather. The influenza flu virus comes from the family of coronaviruses and begins to circulate seasonally in the U.S. from the month of October through the month of May each year. Most of the cities and towns in Connecticut at this point were in the red zone and many of them rolled back their Phase 3 openings to Phase 2. Phase 3 openings eased restrictions on business and gatherings (indoors and outdoors), but did not include bars and nightclubs, which remained closed. By mid-October, the Town had 2 human cases of the West Nile Virus (WNV) and luckily no deaths. At the end of the month, Greenwich had a total of 1,182 positive cases and 53 deaths. The State of Connecticut finished the month with a total of 69,127 cases, 4,604 deaths and 292 hospitalizations. The U.S. reported 1,908,506 confirmed new cases of COVID-19 this month and the CDC issued a Level 3 Travel Health Notice for some international countries.

November 2020

The Center for Disease Control and Prevention (CDC) notified the public that COVID-19 vaccines were being considered for use. The number of positive cases in the Northeast continued to build. Of the 169 towns/cities in Connecticut, 100 of them including Greenwich was in the red zone. The State Department of Public Health issued a statewide public advisory urging all residents to limit non-essential trips outside the home from 10 pm to 5 am. The Governor signed another Executive Order (#79), which repealed municipal authority and replaced it with statewide protective measures effective until February 9, 2021. This included the establishment of mandatory rules for safe conduct of youth sports. The State moves Phase 3 openings to Phase 2.1 due to the increase in cases in Connecticut and surrounding states. The enforcement of COVID-19 violations in business took effect and Connecticut's travel advisory included 48 states. By the end of November, 145 towns/cities in Connecticut were in the red zone. The state reported 117,295 COVID-19 cases a positivity rate of 4.41%, 5,020 COVID-19 related deaths and 402 hospitalizations. Greenwich had

a total of 46103 new cases of COVID-19 added to the total number of cases which was 1,475 and 55 deaths. The U.S. reported 4.4 million new cases for the month. It was estimated that 14.3% of the U.S. population had gotten COVID-19.

December 2020

This month the federal government released two viable COVID-19 vaccines for emergency use against the COVID-19 virus. It was just short of twelve months after the COVID-19 virus arrived in the U.S. Connecticut received and distributed Pfizer vaccine to 8 medical facilities in the State. Priority groups were designed to distribute vaccine at various medical provider locations. Among the priority groups were healthcare workers, long-term care residents and staff and first responders who respond to 911 emergency medical calls. Other groups were broken down into age groups starting with seniors 75 years and older. Vaccinating overall was very challenging as Connecticut's allocation of vaccine was limited in the earlier months vaccine became available. Connecticut ranked 24th in the country for new COVID-19 cases per capita (1 in every 265 people were positive). By the end of December, the State reported 183,663 COVID-19 cases, 5,964 deaths and 1,167 hospitalizations with a positivity rate of 9.14%. Greenwich had a total of 2,432 COVID-19 cases and 67 deaths. There was a total of 776 new cases this month with over 220 actual cases that the staff were investigating. Of the 169 towns/cities in Connecticut, 161 were in the red zone. Governor Lamont committed 31.2 million to nursing homes to support COVID-19 recovery and alternative COVID-19 recovery facilities. The State administered 7,761 doses of vaccine this month. There were 182 positive cases in the public school system with about half of those showing this month. In the U.S., there were 6.4 million positive cases with approximately 250,000 new cases of COVID-19 a day. The incidence of influenza was low throughout the U.S. due to social distancing, shut downs and masking in public.

January 2021

This month started the third (3rd) wave of the COVID-19 Pandemic. The highly contagious COVID-19 Delta Virus Variant was identified in Connecticut on January 7, 2021; however, the variant which emerged out of India, was in the U.S. since July of 2020. Of 169 towns/cities in Connecticut, 166 were in the red zone. By the end of January 258,267 vaccine doses were administered in Connecticut with vaccine deliveries coming into the State weekly. By January 21, 2021 31,000 residents were fully vaccinated in the state. The Department of Health began vaccinating State residents with Moderna vaccine in the last week of January holding three vaccination clinics in Town Hall. In mid-January, Connecticut had peaked with 3,000 new cases of COVID-19 in a day. This increase was due to the highly contagious Delta Virus Variant. At the end of the month, Connecticut had a total of 244,899 COVID_19 cases, 6,934 deaths and 1,068 hospitalizations. The positivity rate was 3.67%. Greenwich had 1,303 new positive cases of COVID-19 in January with a total of 3,294 cases and 79 deaths. The U.S. reported 23.4 million cases of COVID-19 and 426,000 deaths. Worldwide, there was over 100.4 million cases and more than 2.1 million deaths. The federal government approved a \$900 billion Economic Stimulus Package in an effort to help the American people.

February 2021

The Johnson & Johnson vaccine became the third COVID-19 vaccine to be approved by the FDA and CDC for emergency use. In Connecticut, almost all towns/cities are still in the red zone with COVID-19 cases; however, the State continues to vaccinate its population aggressively with a total of 826,000 total doses given by the end of the month. The Department of Health scheduled 12 vaccination clinics during the month; however, inclement weather of snow and ice canceled a few. As of February 2, 2021, 3,873 nursing home residents died in Connecticut with more than 13,700 becoming infected. By the end of February, the State of Connecticut had over 278,000 positive cases, 7,595 deaths and 511 hospitalizations. Greenwich had 3,919 cases and 81 deaths.

Approximately 690 new cases were identified this month for Greenwich. The Department and schools saw many positive cases within the 11-20 age group due to sports activities. The Department's staff was monitoring over 150 cases. Connecticut's state of emergency was extended to April 19, 2021. In the U.S., COVID-19 cases were dropping. It was estimated that two thirds (2/3) of the U. S. population has already had COVID-19 and 1 in 600 Americans have died of COVID-19.

March 2021

The CDC reported that the COVID-19 Delta Virus Variant spread to 80 countries including the U.S. and nationwide. The Delta Variant was causing 46% of all new infections. Federal public health officials warned of a possible fourth (4th) wave of the COVID-19 pandemic due to the highly contagious Delta Virus Variant. Restrictions in Connecticut begin to be relaxed with capacity limits eliminated in retail, libraries, indoor recreation, gyms, offices, etc. Connecticut's travel advisory was repealed. By the end of March, COVID-19 cases begin to rise with Connecticut having the highest case rate in 20-29 year-olds. Connecticut reported a total of 310,056 positive cases and 518 hospitalizations. Greenwich had 466 new cases of COVID-19 in March alone with a total of 4,502 positive cases for the month and 89 deaths. The U.S. reported over 30 million cases and 536,000 deaths. Worldwide, there were over 120 million cases and 2.6 million deaths.

April 2021

Over 60% of Connecticut's reported cases of COVID-19 is due to the highly contagious Delta Virus Variant. The U.S. is beginning to see Breakthrough cases of COVID-19, which are fully vaccinated people coming down with the disease. The federal government issued over 272 billion dollars to SNAP, a food assistance program in the U.S. The State reported a total of 339,233 COVID-19 cases, 8,097 deaths and 383 hospitalizations. There are 810,000 people who are fully vaccinated in the State of Connecticut. The State Department of Public Health paused the use of the Johnson & Johnson vaccine due to reports of blood clots in certain populations. The Department of Health continues to offer COVID-19 vaccination clinics three times a week with an average of 500 vaccinations scheduled weekly. The Town of Greenwich closed the month with a total of 5,031 positive cases of COVID-19 and 88 deaths. The U.S. reported a total of 1,871,696 new cases for the month of April.

May 2021

At the beginning of May, Greenwich ranked seventh (7th) in Connecticut for the number of positive cases of COVID-19 in the State. Cases in the State this month began to drop with 26 cities/towns in the red zone. Mitigation measures began to be eliminated in Connecticut with masking no longer required outdoors. Indoor masking required for unvaccinated and partially vaccinated individuals. Connecticut had 1,782,586 people fully vaccinated. In the U.S., 43 million people were fully vaccinated. Connecticut reported a total of 346, 980 positive cases, 8,227 deaths and 122 hospitalizations. Greenwich reported 5,112 positive cases and 89 deaths. In the U.S., there were 32 million cases of COVID-19.

June 2021

The Department of Health's COVID-19 vaccination clinic closed the second week of this month. After four and a half (4.5) months, the Department of Health administered over 6,000 COVID-19 vaccinations. Public participation in clinics throughout the State were slow with hardly anyone making appointments. The pharmacies in the State were vaccinating the public and it was clear they could handle the public demand. Booster vaccinations were under way for those who were immunocompromised. All cities/towns in the State were out of the red zone and the rest of the pandemic restrictions were rolled back. The State of Connecticut had 61% of their eligible population vaccinated and Greenwich had 53.27% of its population vaccinated. In the beginning

of June, there were less than 100 COVID-19 cases. The Greenwich Public School System reported 697 positive COVID-19 cases for the school year with hundreds more coming from the private schools. By mid-June, there was an uptick in cases mainly due to the very contagious Delta variant. Vaccinated people were getting the virus. On June 10, 2021, the State reported that there were no COVID-19 hospitalized patients. U.S. deaths topped 600,000 and worldwide, there were 3.8 million deaths. Connecticut reported 8,276 deaths at the close of the month. Hospitalizations were beginning to increase and the fourth (4th) wave of the COVID-19 Pandemic began. Greenwich closed the month with more than 5,000 positive cases of COVID-19 and 89 deaths.

Closing

In January 2020, COVID-19 disease was identified in the U.S. In December 2019, the World Health Organization (WHO) noted that a cluster of pneumonia-like illness with unknown etiology was occurring in China. On December 31, 2019, the Chinese government alerted the WHO about the outbreak and noted that the source of the new virus was unknown. A lot has been learned about the COVID-19 disease over the last 18 months including evidence that the virus was probably seeded in multiple places within the U.S. in mid-December 2019. Where it actually landed first is unknown; however, this discovery was made possible by a CDC led study of approximately 7,000 blood samples taken by the American Red Cross (ARC). The COVID-19 virus and its variants have been researched and studied by scientists all over the world. As a result, extensive knowledge has been gained which helped to produce effective vaccines and treatments. Public health intervention measures were test-driven and modified to meet the virus's changing behavior and public health agencies worked diligently to contain the virus with isolation and quarantine protocols. In the end, local public agencies faced the worst public health emergency in the 21st century so far with existing short falls in funding and staff. Their dedicated response was amazing, however, sustainable investments in the public health infrastructure and workforce is needed for the future.

Caroline Calderone Baisley, MPH, RS
Director of Health

BUSINESS OFFICE

[Deborah Edwards, Manager]

The Business Office serves as a major support function in the areas of personnel, payroll and finance. The main focus of this program is financial and priority is given to the implementation and management of the departmental budget. As the centralized focal point for all divisions and programs, the Office manages salary allocations, orders supplies, monitors expenditures, authorizes processes, and records payments for the Department. Applications to the Board of Estimate and Taxation and Representative Town Meeting are also prepared and processed appropriately.

The Business Office was affected by the COVID-19 pandemic and maintained its functions several days a week and helped in running the COVID-19 vaccination clinics at or contact tracing of patients. In addition to the management of Town funds, the Department received State and Federal funding which included Per Capita Funding in the amount of sixty-seven thousand dollars and seventy-two cents (\$67,000.72). This year the Department received Public Health Emergency Preparedness funding in the amount of forty-three thousand three hundred eleven dollars (\$43,311) from the State to conduct local emergency planning. These funds included dollars to enhance Greenwich's Medical Reserve Corps (MRC). The Department also applied for Health Education/Risk Reduction (HERR) grant funds in the amount of sixteen thousand one hundred sixty-seven dollars (\$16,167) from the State however only received eight thousand and eighty-four dollars (\$8,084), which was the first payment. The second payment was not given to the

Department as the grant work could not be completed due to COVID-19. Due to the COVID-19 pandemic and the Department's extended responsibility of vaccinating the community against COVID-19. These funds of eight thousand eighty-four dollars (\$8,084) were not utilized. The Department received COVID-19 grant funds in the amount of one hundred fifteen thousand five hundred ninety-six dollars and seventy cents (\$115,596.70). This was the first payment of a three-year grant for COVID-19. The Business Office continued to bill Medicare and Medicaid for reimbursement of recognized public health services rendered and billed a private health insurance company for vaccine immunization services. The office's Operational Manual was updated to help business operations run more smoothly. Grant applications are filed annually, and detailed expenditure reports are submitted to the State on a quarterly basis. All grant funds from the State provide the Department an opportunity to conduct health and promotion activities that the State would not consider normal for municipal budget funding.

EMERGENCY PREPAREDNESS

[David Fraszka, Public Health Emergency Preparedness Coordinator]

Public health threats are always present. Whether caused by a natural, accidental or intentional means, these threats can lead to the onset of public health incidents and or emergencies. Being prepared to prevent, respond to and rapidly recover from public health emergencies is critical for protecting and securing the Greenwich community.

The September 11th, 2001 terrorist attacks on U.S. soil proved how devastating an incident of that magnitude could be to American society. The 9/11 attacks coupled with the destruction caused by Hurricane Katrina to New Orleans and surrounding areas, exposed the need to strengthen our nation's emergency preparedness, mitigation, response and recovery efforts. Since these catastrophic events, the U.S. public health system began to increase the funding for public health emergency preparedness planning in recognition of its importance to national security and vitality. This investment in the public health system resulted in increased capacity, mostly in highly populated states and communities. The aforementioned past incidents awakened the nation to not only its vulnerability, but also tremendously impacted the way the U.S. responds to emergencies.

During a public health emergency, community members, local businesses, health care providers and Town officials can become easily and quickly overwhelmed. Whether it be a natural disaster, a disease outbreak, or a man-made threat (chemical, nuclear or a radiological incident), unified coordination and collaboration amongst all public and private entities within the community is necessary to ensure an acceptable response. With a continuation of the COVID-19 pandemic, FY2020/2021 proved to be one of the most challenging years yet for public health system across the nation. The continued value of the Public Health Preparedness Coordinator's (PHEP Coordinator) position was made evident as the COVID-19 pandemic continued, where emergency mitigation and response operations were heavily utilized to help safeguard the residents of Greenwich. The PHEP Coordinator was continuously involved in the Department's efforts as the pandemic continued. Some of the activities undertaken include but are not limited to: response coordination with the Town First Responders, emergency management and consistent communication with State and Regional partners. Greenwich Medical Reserve Corps (MRC) members were managed as they assisted with departmental objectives of administrative assignments, patient care, contact tracing and mass vaccination efforts. Personal protective equipment (PPE) was received and inventoried for dissemination to local healthcare providers. Consistent updates on the pandemic were made available on Facebook and the Department's web page. As vaccinations became readily available, the PHEP Coordinator worked closely with State, Regional and Local partners to ensure that residents had access. The Coordinator assisted Department staff in the development of vaccination clinic plans and managed MRC volunteers as

they assisted in the clinical proves. The PHEP Coordinator helped to manage and foster a collaborative effort between the Health Department and Greenwich Emergency Medical Services to effectively vaccinate over 6,000 Greenwich residents against COVID-19.

The PHEP Coordinator, under the direction of the Director of Health, is committed to enhancing the Town's numerous essential preparedness duties, which include, but are not limited to, assisting with the Greenwich MRC unit activities, coordinating and collaborating with the CT Region 1 Cities Readiness Initiative, maintaining coordination and collaboration amongst local emergency responders, updating the Department's Emergency Preparedness and Response Plans, conducting public education and outreach, and participating in crucial training and exercises.

The position of PHEP Coordinator is currently funded primarily through Federal grant funding. The Department's budget did include fifteen thousand six hundred and eight dollars (\$15,608.00) to support the position but was paid back to the Town when grant funds became available.

Throughout the past year, the Department was responsible for nine (9) activations of our Greenwich Medical Reserve Corps to assist with various Departmental objectives, both in the clinical and non-clinical setting. Throughout the year, over thirty (30) Greenwich MRC members (both medical and non-medical) were activated and logged a total of 1,149 hours assisting the Department with operational activities by successfully navigating through the COVID-19 pandemic. The early activations of MRC members were primarily to assist the Department with various COVID-19 related objectives including but not limited to: patient monitoring, epidemiological surveillance, contact tracing and administration tasks in addition to our regularly scheduled Flu clinics. As COVID-19 vaccinations became available to our local Department, Greenwich MRC members were activated to assist with the Department's endeavor to help vaccinate Greenwich Residents. The Department was able to host its annual MRC meeting for approximately thirty-five (35) MRC members (medical and non-medical) in July 2020. The meeting was held virtually via a ZOOM conference due to the on-going pandemic. Speakers included the Director of Health and the PHEP Coordinator. The program agenda consisted of a COVID-19 overview, updates to mitigation and response efforts, future MRC initiatives and the administration of the MRC Loyalty Oath, which is a process that must be done bi-annually to provide liability coverage to MRC members who are called to service during an emergency event. During the height of the pandemic, the CT Department of Public Health (DPH) transitioned to an electronic volunteer management system called CT Responds! While this transition occurred at an inopportune time, the PHEP Coordinator was able to successfully manage the MRC volunteers throughout the pandemic period. Training resources were made available to all Greenwich MRC members through TRAIN-MRC, which is an interactive learning management network that allows continuity amongst all unit volunteers. The PHEP Coordinator, who also serves as the Greenwich MRC unit leader, attended monthly Region 1 MRC meetings, which increased to monthly ZOOM meetings with CT DPH during the height of the pandemic.

In addition to hosting our traditional Flu clinics, the PHEP Coordinator and the Director of Health organized a Drive-thru Flu Clinic at the Island Beach Parking Lot. The Drive-thru Clinic served as a full-scale exercise in that it tested the Department's capabilities to communicate, coordinate, organize and successfully complete a mass dispensing type operation. The PHEP Coordinator worked closely with Town partners from the Greenwich Police Department, Department of Public Works and Greenwich Emergency Medical Services to successfully provide vaccinations to hundreds of Greenwich residents in a drive-thru setting. The development of this new drive-thru clinic operation will help to bolster the Town's capabilities to conduct mass vaccination endeavors. Conducting exercises that test the coordination, communication and capabilities of the emergency response entities is essential in the planning process to successfully prepare for a real-life scenario.

The PHEP Coordinator and the MRC Director (Operations Administrator) attended a limited amount of training sessions this year, which included cultural humility training that gave insight into extending public health services in an equitable fashion. The PHEP Coordinator is continually updating many of the Town's Public Health Preparedness Plans including the Department's Mass Dispensing Plan. The Department has provided input into the maintenance of the Regional Mass Dispensing Plan, which has been worked into local operations. The PHEP Coordinator has been working to update all of the Department's plans to ensure adequate preparedness. Regional Cities Readiness Initiative meetings along with Emergency Support Function 8 meetings were attended on a monthly basis and increased to bi-monthly meetings at times due to the COVID-19 pandemic.

The Board, along with the Director of Health, continues to believe that the PHEP Coordinator position is necessary to help strengthen the preparedness efforts of the Town. This position is essential in maintaining the collaborative efforts between the Department of Health and other various entities involved in the local Greenwich emergency management system. The Director of Health remains committed to the strengthening the Town's emergency preparedness efforts by ensuring that the required public health component is included to provide safety and well-being to Town of Greenwich residents when faced with an emergency.

OFFICE OF SPECIAL CLINICAL SERVICES

[Robin Clark-Smith, Director]

This year started with uncertainty as the SARS-CoV-2 pandemic changed our operational procedures. As a division within the Department of Health, we were in the office most of the year to strive to continue to provide quality services, and to support the Health Director with the daunting task of navigating this constantly changing health crisis.

The Office of Special Clinical Services is the primary HIV/STD prevention program in the Town of Greenwich. This division collaborates with Greenwich Hospital to provide risk assessment, counseling, testing, treatment and referrals to reduce the morbidity and mortality associated with HIV/AIDS, sexually transmitted infections (STDs) and pregnancy. This division is responsible for bloodborne pathogen training and assessing occupational exposures for Town of Greenwich personnel. In addition to collaborating with Greenwich Hospital, they work with the Greenwich Board of Education, the Greenwich Department of Human Services, the State of Connecticut (CT) Department of Public Health STI Program (DPH) and other agencies to provide programs and services to the community. Education, prevention, and strategic interventions are key components in preventing additional cases of HIV/AIDS, sexually transmitted infections, pregnancy and bloodborne pathogen exposures.

In July 2020 we had just re-opened the STD clinic after it had been closed for 3 months due to COVID-19. Revisions to the operating procedures, and reduction in hours to coincide with the town hall guidelines and the increased demands on the medical staff were needed as we entered the State's Phase 1 of re-opening. Patients were seen by appointment, screening procedures were changed, and new cleaning and safety operations were implemented. Greenwich Hospital was an exceptional collaborator in helping us to evaluate the potential risks in offering services while ensuring safety to staff and patients alike. This year the program counseled and/or tested one hundred forty-one (141) clients for HIV, sexually transmitted infections (STIs) and/or pregnancy. Six hundred sixty-two (662) clinical samples were collected and processed. Of those counseled and tested, twenty-two (22) were treated on-site. A total of fifteen (15) clients were referred for additional medical care and/or social services.

The medications for the clinic are received through the State STD program at no cost to the department. Most of our laboratory testing is done by the State of Connecticut Public Health Laboratory and the specimens are transported by a courier, which is provided by the state. There were webinars sponsored by the CDC to keep us informed of updates and changes. Because of drug resistant bacterial strains, treatment guidelines are changing. The new guidelines should be released within the next few weeks.

Scheduling classes was more difficult this year. In two schools, the classes were rescheduled twice at the last minute. Health classes are taught in conjunction with physical education and done in clusters. Since the weather in late fall was nicer than normal, it was important for the teachers to be able to have their classes outside so the students could get exercise when the opportunity presented itself. In other situations, testing was added on the scheduled days.

The classes were done remotely for the majority of the year with great technical support and coordination by the teachers. With trial and error, teamwork, and modifications as the year progressed, presentations were successfully conducted remotely.

I am thrilled that we were able to reach a comparable number of students in 2021 as we were in 2019. Kudos to the teachers.

One hundred-eleven (111) educational programs about healthy relationships, the risks of pregnancy, and acquiring HIV/STIs were conducted serving approximately two thousand, four hundred thirty-four (2,434) students in public and private schools. Included was a program for sixth graders discussing communicable/non-communicable diseases.

During the summer we led similar sessions for the individuals in the Greenwich Youth Conservation Corps. This year there were three (3) remote presentations with sixty (60) students participating.

The Director also conducted fifty-eight (58) bloodborne pathogen training sessions, with six hundred-seven (607) employees attending. Some of these trainings were done using google meetings and other applications. A new training was developed for one department using a learning platform to help assess the knowledge of the employees and ensure that all questions were covered. It was well-received. Five (5) Hepatitis B titers (blood samples) were collected from Town of Greenwich personnel (professional and volunteer). There were three (3) occupational exposure referrals to the program.

This year we helped with contact tracing and distributing health information for those who were infected and their families. We also assisted at some of the COVID-19 vaccination clinics the Department conducted in town hall.

There were several other webinars that the staff attended including: cultural competency and cultural humility, harassment training, contact tracing, HIV/AIDS update, STIs, Hepatitis C, and SARS-CoV-2.

Setting up different programs was challenging and yet gratifying. Through all the obstacles and frustrations, having colleagues who were supportive and willing to brainstorm until we “got the job done” was rewarding.

The CDC reports that there are approximately 1.2 million people in the United States living with HIV. People with HIV are frequently immune compromised, but with new classes of medications there are better treatment outcomes. STDs surged for the sixth straight year with an increase in treatment drug resistance. Young people between the ages of 15 and 24 continue to account for half of the cases. If left undiagnosed and untreated, there are serious health consequences, including increased risk of acquiring or giving HIV.

DIVISION OF ENVIRONMENTAL SERVICES

[Michael Long, Director]

The Division of Environmental Services has two major subdivisions: Environmental Health and Laboratory. The Environmental Services program focuses mainly upon regulation enforcement, while the Laboratory performs environmental and clinical testing on various samples. Both programs function in tandem to help support the health status of the community. The services of this Division are provided to protect the public from potential health hazards, illness and disease through programs such as health education, environmental inspection, sampling and testing, clinical screening, licensing, permitting and consultation with the social service community.

ENVIRONMENTAL HEALTH

The Environmental Health program is responsible for the establishment and execution of municipal environmental program functions that are either State or locally mandated. The program offers a variety of services, including body care facility inspection, housing code enforcement, sewage disposal inspection and plan review, food service inspection and environmental surveys. It also functions as a component of the land use agencies and provides consultation services to all citizens regarding public health issues. As part of a continuing arrangement, Division personnel were made available to the Greenwich Shellfish Commission in the conduct of its work.

This year, the number of well permits decrease slightly and septic permits issued increased by about 30% from last year. The number of Class 4 food service licenses issued increased slightly in comparison to last year.

In 2020, there were six hundred sixty-four (664) human cases of West Nile Virus (WNV) in the U.S. This number has significantly decreased from the previous year. Of those, eight (8) human cases of WNV were reported from the State of Connecticut with no deaths, two of these cases were Greenwich residents. There were nine (9) human cases of Eastern Equine Encephalitis (EEE) in the U.S. There were no EEE cases identified in CT. The Division managed the Town's larvicide program, which operated from June through September, with applications to public and private catch basins every six weeks. Information regarding WNV and EEE was also distributed to the public at various locations throughout Town. In 2020, the State continued to trap and test mosquito pools from designated testing locations, with several turning up positive in Greenwich. In an effort to battle nuisance mosquitoes, the Department of Parks and Recreation continued its program for mosquito control at facilities under its jurisdiction. In the 2020 mosquito season, the State of Connecticut continued testing for the Zika virus in mosquitoes and as a result there were no isolations of the Zika virus reported.

Many staff members assisted with the Department's first drive-up flu clinic held as well as a couple traditional flu clinics held in the fall of 2020. With COVID-19 staff were assisting with contact tracing as needed for positive residents. Staff also assisted with various aspects of the COVID-19 vaccination clinics the Department held at Town Hall from late January 2021 through June 2021.

With the COVID-19 pandemic, Town Hall was opened for public appointments only in June 2020, but for the most part, work was being handled via phone, email and regular mail. At the end of June 2020 field inspections had resumed at licensed facilities. The opening of Town Hall gradually increased as the year progressed, and COVID-19 cases declined. More people were coming into the office versus sending requests online in June 2021.

The 2020 beach season experienced a number of beach closings due to rainfall events. Byram Beach was closed for a total of eight (8) days due to rainfall events over 0.5"; Greenwich Point was closed one (1) day due to rainfall. Great Captain's Island had eight (8) closure days due to elevated bacteria levels and Island Beach had no closure days through the season. All beach facilities have written policies for automatic rainfall closures, since a scientific study has indicated high bacterial levels after certain levels of rainfall. Data continues to be compiled to see if the automatic rainfall closure criteria can be changed, especially for Byram Beach.

Assistance was provided to the Department of Public Works in its effort to sponsor a Household Hazardous Waste Day in 2021. Six hundred fifty-four (654) vehicles took advantage of the event. This was a significant increase over previous years, likely due to the event not being held in Greenwich last year due to COVID-19.

In 2020-2021, thirteen (13) animals were sent to the Connecticut Department of Public Health Laboratory for rabies testing. Of those submitted for analysis, twelve (12) were bats that were found in the home. Of the total number of animals tested this year, one (bat) was found to be positive for the rabies virus.

The Division continued to enforce State food service operation regulations in the three hundred seventy (370) food service establishments that are inspected and licensed annually by the Department. This year, there was a slight increase in the number of establishments licensed over last year. In addition, a considerable amount of time was spent reviewing more than two hundred twenty-four (224) building plans and twenty-three (23) building demolition permits. One hundred twenty-four (124) well and septic system permits were also issued, which is an increase of almost thirty percent (30%) from last year. To determine septic system suitability, one hundred forty-five (145) soil tests were conducted, along with sixty-two (62) septic system replacement areas being identified. The number of soil tests increased over one hundred fifty-four percent (154%) from last year, while the number of replacement areas increased by about thirty-eight percent (38%) from last year. Division staff followed up on twenty-five (25) cases of enteric illness in Greenwich residents, which indicates a ninety-two percent (92%) increase from last year. A total of ninety-six (96) body care facilities and twenty-seven (27) massage establishments were inspected and licensed. The Division also licensed twelve (12) indoor pools along with fifty-five (55) outdoor pools that are inspected and sampled through the summer season.

LABORATORY

[Mary Racho, Supervising Director of Laboratory Activities]

The Laboratory is licensed by the Connecticut Department of Public Health to perform a wide range of environmental and clinical services necessary for the promotion and advancement of community health. It supports the entire operation of the Department, other municipal agencies, and most importantly, residents of the community. The laboratory provides a significant service to Town residents and the larger region through flexibility and variety of service and reasonable costs.

The occurrence of tick-borne disease is rising, not only within the Town, but also across the nation. In 2019, the latest year for which information is available, thirty-four thousand nine hundred and forty-five (34, 945) confirmed Lyme disease cases were reported in the U.S. This number represents an increase of more than four percent (4%) from 2018. Among the states with the most reports, Connecticut ranked ninth. Connecticut reported a total of one thousand two hundred thirty-three (1,233) confirmed and probable cases of Lyme disease. Among the eight counties in

Connecticut, Fairfield County reported a total of two hundred eight nine (289) confirmed and probable cases of Lyme, the third highest in the state. The Town of Greenwich reported four (4) confirmed and four (4) probable cases of Lyme disease in 2018; however, this number is believed to be much lower than the actual cases for the year.

Although the COVID-19 pandemic continued and closed town hall for an extended period of time, the laboratory continued to collect and analyze ticks from the public through an outside drop-off box. In an effort to protect the community against this endemic disease, the Laboratory continued its tick-testing program by identifying and testing deer ticks for the presence of *Borrelia burgdorferi*, the causative agent of Lyme disease. In 2020-2021, a total of eight hundred fifty-five (855) ticks and other insects were submitted. Of those submitted, five hundred thirty-five (535) ticks tested in-house, which is thirteen percent (13%) were found to be positive for *B. burgdorferi*. Although this result represents a decrease from last year, it is still considered within a normal range.

Examining infection rates by the life stage of the tick, it was observed that fifteen percent (15%) of the adult ticks, which are active in the late fall and early spring, were positive for the Lyme disease bacteria, and three percent (3%) of the nymphs, the juvenile stage active from May to July, were positive. This emphasizes the importance of protection against tick bites. The much smaller nymph has a greater chance of remaining on the host, completing its feeding cycle, and passing on the Lyme disease bacteria, even though fewer of them carry the bacteria.

In 2010, the Laboratory launched its tick testing program for *Babesia microti*, the causative agent for Babesiosis. *Babesia* can be present in the same tick as the Lyme disease organism. In 2020-2021, the Laboratory tested all of the in-house ticks for the *Babesia* organism with four (4) or one percent (1%) being positive. Of the total ticks analyzed, one (1) of them carried both the Lyme disease organism *Borrelia* and the Babesiosis organism *Babesia microti*. The percentages noted above are about the same as those of last year. According to the State of Connecticut Department of Public Health (DPH), there were one thousand five hundred twenty-three (1,523) confirmed and probably cases in 2019.

In collaboration with the Department of Parks and Recreation, public beach water samples were collected and analyzed for enterococci, the indicator organism used for evaluating bathing waters. Environmental testing of all rivers, ponds, streams, public wells, public pools, and the public water distribution system was conducted for chemical and bacterial contamination. Reports indicating public well water compliance were routinely submitted to the State Department of Public Health's Drinking Water Division.

During this year, the Laboratory continued its program to test children under the age of six for lead in blood, which is now legally required in Connecticut. The COVID-19 pandemic restrictions limited access to town hall and as a result, the monthly Women, Infant and Children (WIC) Clinics and the Division of Family Health Maternal and Child Health Clinics were canceled. Screening children for anemia and lead for the school health program was also canceled due o the COVID-19 pandemic. These programs will resume in FY 2021/2022.

Since September 11, 2001, the Laboratory has been a contributing member of the Bioterrorism Laboratory Response Committee organized by the Connecticut Department of Public Health Laboratory. The Committee, which meets monthly, is assigned to evaluate lab surge capacity within the state should it be needed during a public health emergency. To assist the state with surveillance of biological and chemical agents, the Department's laboratory continues to certify and maintain its Level 2 biological safety cabinet, which allows for the safe handling of biological specimens. In an emergency or disaster event, the Laboratory will be able to assist the state lab with sample

repackaging. In addition to serving on this Committee, the Laboratory staff attended several training sessions on bioterrorism response.

The Laboratory conducted a successful Radon Outreach Program. A total of one hundred seventy-seven (177) residents were served with radon-in-air test kits. Overall, the testing results indicated an average radon level of 4.5 pico curies per liter, slightly higher than the Environmental Protection Agency (EPA) action limit of 4.0 pico curies per liter. The program, which continues to increase the number of homes tested for radon in Greenwich (11.7% of all households), also identified potentially hazardous living conditions for some residents. Of the total homes tested, fifty-nine (59) or thirty-three percent (33%) were found to have elevated radon in air levels (above the action limit of 4.0 pico curies per liter) with an average of 9.53 pico curies per liter. All homeowners were given pertinent information on remediation methods for radon in air.

The laboratory launched a second component of the radon-in-air program and began testing for radon gas dissolved in potable well water. Thirty-six (36) private wells were tested and of those, five (5) or fourteen percent (14%) were found to be over the State Department of Energy and Environmental Protection (DEEP) action limit of 5000 pico curies per liter. All residents with elevated levels were given information about remediation methods for radon in water.

Finally, the laboratory continued to operate the weather station, located on the roof of the Town Hall. The station is considered an asset, providing current weather conditions such as rainfall amounts, temperature, wind speed, and direction. Connected to the Laboratory's computer system, the station prepared reports and has been found to be critical when determining beach and shellfish bed closures. The total rainfall measured for FY 2020-2021 by the weather station was 38.97 inches, a measurement of five percent (5%) less than last year's total.

DIVISION OF FAMILY HEALTH

[Deborah C. Travers, Director]

The **Division of Family Health** has two major components: The Adult, Maternal, and Child Health Program and the Dental Health Program for which it provides general oversight. The Adult, Maternal and Child Health Program (MCH) focuses upon health promotion and disease prevention in order to maintain and improve the health status of children, families and elderly Greenwich residents. The Division provides services to enable individuals to achieve and maintain optimum physical, emotional and social health. Components of all program areas provide much needed, high quality preventive health services and early identification of health problems through screenings, health maintenance, health education, home visits, consultation and communication with the medical and social service community.

Since 1914, the public health nurses have worked diligently to provide caring and comprehensive services to children, older adults and families in the Greenwich Community. By assessing the changing health needs of the community, public health nurses continue to interact with the residents by providing seamless nursing services which remain constant in nature and responsive in program design.

The **Immunization Program** offers regularly scheduled clinics at the Division of Family Health which provide children, expectant parents, caregivers, adults and Town employees with vaccination services. Due to restrictions and closure of Town buildings, the number and location of vaccine clinics were curtailed. In FY 2020-21, large community influenza vaccination activities were limited to EGCC and a drive through clinic at the Arch Street parking lot. After Town Hall opened on a

modified schedule, other vaccines were by appointment only. Nurses conducted smaller flu clinics at senior housing residences, early childcare centers, after school programs as well as on site clinics for Town employees at Town Hall and several centrally located schools. In late January, a COVID-19 vaccine clinic was established at Town Hall which ran through mid-June 2021. The Homebound Vaccine Program began in March 2021. Over six thousand (6,000) doses of Covid-19 vaccine (Moderna and J & J) were administered. Additionally, almost one thousand (1,000) influenza, pneumonia, shingles and other recommended vaccines were administered during the FY 2020-21.

Through the **Tuberculosis Prevention and Infection Control Program**, the Communicable Disease and Infection Control nurse coordinates and monitors the medical management of residents infected with active and latent tuberculosis living in the community. Additionally, the nurse helps ensure that refugees and Class B immigrants arriving in Greenwich transition through the **CT Refugee and Immigrant Health Program (RIHP)** at the local level. Tuberculosis and health assessments are conducted through collaboration with health care providers with referrals to the Department TB Chest Clinic as indicated.

The Division staff provide guidance on the OSHA Blood borne Pathogen Standard and epidemiologic and infection prevention support when a disease outbreak is suspected. Surveillance of reportable communicable diseases and emerging patterns is ongoing by review and follow-up of filed reports. Nurses maintained weekly contact with public and private schools, childcare programs and preschools, long-term care facilities and senior residences.

The **Senior Health Program** provides health monitoring, preventive care and anticipatory guidance to ambulatory elderly in various clinical settings. Due to the 2020 closure of Town buildings and Covid-19 restrictions, clinics at Town Hall, the Senior Center, and six community locations were suspended. Clinics will resume in FY 2021-22 with two new community sites added to the schedule pending appropriate and safe visitor procedures at these locations.

The **Home Health Maintenance (HHM) Program** nurses visit frail and /or elderly clients and collaborate with primary care health providers to support the independent living of senior residents whose care is not covered by insurance or other providers. Of note, reflective of the growing “aging population” in Greenwich, the average age of HHM clients is 88 ½ years old and requests for assistance continue. The nurses made over three hundred (300) home health assessment visits, administered influenza, pneumonia and Covid-19 vaccines, and assisted elderly clients with medication management, daily activities and referrals within the community network of health care providers and service agencies. For those clients who were concerned about in home visits, nurses reached out regularly by phone. Hospitalizations, short term rehab stays and relocation impacted visit schedules. Sadly, in 2021, Family Health lost four long term clients.

Because of the ongoing Covid-19 restrictions, the delivery of **Maternal and Child Health (MCH) Program** services was impacted directly. Well Child Clinics and bi- monthly WIC clinics were suspended due to Town Hall closure and restrictions. Expectant parent class and follow up newborn and postpartum home visits were suspended due to restrictions at Greenwich Hospital. The ***Passport to Good Health*** program and other services at daycares and schools were suspended due to school closures and restrictions. The MCH nurse continued to help families connect with local health care providers and support services. The MCH nurse oversees the **Lead Poison Prevention** program reporting regulations and elevated blood lead reports. The revitalized **Asthma Program** provided information to forty- three (43) health care providers as well as nurse in all local public and independent schools. The **Daycare Licensing Program**, in conjunction with the Division of Environmental Services, inspects daycare, preschools and after school facilities for Department registration and state licensure, enforces CT State regulations local regulations as they

apply, and conducts complaint investigations. The MCH nurse provided consultation and in service health education to Directors and staff on related health policy development and implementation and conducted 23 inspections. Importantly, in response to the pandemic and the impact on MCH program services, the MCH nurse refocused activities on community contact tracing and school surveillance. She also provided cross over support to the Adult Health program.

Community Health Improvement Plan: Family Health collaborated with Greenwich Community Health Improvement Partnership members to address issues and health needs identified in the three-year Plan. The Director of Family Health serves as Co-Chair on the Healthy Lifestyles committee.

Partnerships with Town Departments and Community Providers

- ◆ Greenwich Community Health Improvement Partnership: Co-chair Healthy Lifestyles
- ◆ Greenwich United Way Community Planning Council
- ◆ YWCA Domestic Violence Task Force
- ◆ Greenwich Hospital Community Advisory Committee
- ◆ Greenwich Together
- ◆ Communities4Action
- ◆ School Readiness Council
- ◆ Senior Provider Network
- ◆ Commission on Aging Initiatives
- ◆ Nathaniel Witherell Infection Control Committee
- ◆ Greenwich Hospital Infection Control Committee
- ◆ Greenwich Infection Control Professionals Group- Chair
- ◆ Town of Greenwich Health & Safety Committee

Health Education Activities and Events

- ◆ Events cancelled due to COVID-19 restrictions
- ◆ COVID-19 information and guidance posted on Department website/e-blasts/COVID-19 Call lines

Coronavirus Disease (COVID-19)

On February 3, 2020, the Department and public health nurses launched their emergency preparedness response to the emerging COVID-19 pandemic. Public health nurses began community surveillance and monitoring of international travelers who returned to Greenwich. From July 2020 through June 2021 the Family Health nurses conducted contact tracing and monitored the health and well-being of 972 residents with positive COVID-19 tests as well as the family members who were in quarantine with them. Additionally, the nurses and administrative support staff responded to Covid-19 call lines, provided information about test sites, vaccination eligibility, provider clinics and appointment registration in VAMS, referred callers to health care providers, and linked them up with support services for basic needs such as food and transportation. In total, the Family Health staff logged close to forty-six hundred (4,600) telephone conversations.

The Director of Family Health continued COVID-19 specific dialogue (which has remained ongoing throughout the pandemic) and provided guidance documents to a growing list of constituents including, but not limited to Early Childcare Directors, Health Providers, community service agencies and providers, schools, long term care facilities and senior residence managers.

Community health efforts included health education through ZOOM meetings, proactive outreach to vulnerable residents, collaborations with community partners, and direct nursing services. The nurses continue to participate in COVID-19 related webinars and online learning activities generated by the CDC, CT DPH, ASTHO and other public health organizations.

DENTAL HEALTH PROGRAM

[Linda Conti; Jeannie Schnakenberg, Public Health Dental Hygienists]

Implemented by a staff of two (2) registered public health dental hygienists, the Dental Health Program applies the principles and practices of preventive dentistry through a comprehensive oral health program of services to children, adolescents, adults and the elderly. The program consists of four initiatives: The School Dental Health Program, Community and School-Based Preschool and Head Start Programs; the Maternal and Child Health Clinic, and the Adult Health “Caring in the Community” Program, which encompasses health fairs, wellness forums and programs for residents, Town of Greenwich employees and community businesses. Working collaboratively with the professional dental community, the Family Centers Healthcare, the Dental Center of Stamford, and Optimum Health Care Center, the program strives to prevent dental health disease in persons of all ages by providing oral health and orthodontic care. The program also assists those who do not appear to have enough access to oral health care services.

Due to the COVID-19 pandemic, three of the initiatives were canceled with the school Dental Health Program giving limited services. The major program goal of preventing oral health disease is directed mainly to children in the public-school system. The School Dental Health Program includes eleven (11) elementary schools and three (3) middle schools. Despite dramatic success in the reduction of caries in children over the past twenty years, oral health related diseases still appear in young children. The program is equipped to recognize early stages of dental disease by providing dental screenings and periodic assessments of oral health problems. Due to the COVID-19 pandemic, the public school system had in person learning, hybrid learning and remote learning during the 2020/2021 school year. Public Health education sessions are taught to stress the importance of preventative oral health care measures in all grades where the program is offered. This year, a total of two hundred fifty (250) were provided to pre-Kindergarten classes through videos (virtual oral health education). There were no in person dental screenings this year due to COVID-19. The Dental staff did provide principals, teachers, nurses and staff conferences; however, the number sessions were reduced in conjunction with the number of school children learning in person. The staff also were consulted with over the few dental emergencies that occurred.

In 2019-2020, the State of Connecticut initiated Public Act No 18-168 which states that every new student entering the public-school system must provide an oral health assessment prior to the start of school. The oral health assessment is now included on the Medical Evaluation Form. The oral health assessment is to be provided by a dentist, a dental hygienist, or a legally qualified practitioner of medicine. The Greenwich School District has implemented this new policy to include all students in kindergarten, third, sixth, and ninth grades. The students have one year to complete this requirement. Due to COVID-19, an extension of this requirement was granted by the State for all schools. The Dental Health Program has implemented an initiative to provide completion of these forms for students who receive a dental screening in the school system.

Tooth decay, known as dental caries, is preventable and remains the most common chronic disease affecting children aged five to eleven years and adolescents aged twelve through nineteen years. In the United States, tooth decay affects one out of four elementary school children, two out of three adolescents and nine out of ten adults. In Connecticut, forty-two percent (42%) of third grade children have experienced dental decay. Fluoride is a natural mineral that is shown to protect against tooth decay. Although the fluoride rinse program is offered to students in first through fifth grade in eleven (11) elementary schools, this program was not conducted due to the COVID-19 pandemic.

The staff continued to guide families through the HUSKY insurance application process in an effort to find a provider. Since the closure of the Greenwich Hospital Dental Clinic many dentists have begun to accept state insurance. Recognizing that oral disease, especially tooth decay, is the most chronic childhood disease, the staff dental hygienists worked collaboratively with community dental providers even during the pandemic to obtain prompt appointments for treatment. According to the U.S. Surgeon General, tooth decay is five times more common than asthma and seven times more common than hay fever. It is estimated that more than fifty-one (51) million school hours are lost each year due to dental related illness.

In addition to the public-school curriculum, five (5) elementary school-based pre-schools and five (5) community-based pre-school programs are usually conducted; however, this program was canceled due to COVID-19. Special assistance is usually given to the two (2) Head Start programs (First Steps and Kid's Corner) so that compliance performance standards could be met for Federal funding; however, these requirements were also waived due to the pandemic. Dental staff also assists children enrolled in the Women, Infant and Child (WIC) program, which meets twice a month at Town Hall. This program, along with the Division of Family Health's Maternal and Child Clinics were canceled.

Along with creating oral health videos for the students, the dental hygienists underwent a thorough case investigation virtual skills-based training and received a certificate from the State to become COVID-19 contact tracers. The program provided insight into how to conduct a case investigation interview determining the contact elicitation window, eliciting close contact information, providing recommendations and guidelines for isolation and addressing common concerns a person with COVID-19 may experience during isolation. Also provided was a lesson on how to conduct a contact tracing interview including notifying contacts of exposure, determining quarantine and addressing common concerns an exposed person may experience. In addition to the training, the dental hygienists attended the State's contact tracing virtual meetings 3 times a week for many months during FY 2020/2021. The dental team also worked three days a week at the Department's COVID-19 Vaccination Clinics that began in January and ended in June 2021. The staff took on a major role as clinic checkers whose main responsibility was to verify Connecticut residency for vaccination eligibility.