

ULSTER COUNTY BOARD OF HEALTH

September 12, 2016

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of the June 2016 minutes

- **NEW BUSINESS**

- a. Commissioner's Report

- Status of the Medical Examiner's Office
- Naegleria Fowleri Case
- Old Homestead Mobile Home Park Update
- Winchell's Pizza Update
- Wallkill River Algae Toxins
- Water Testing for Lead in Schools Legislation
- Eastern Equine Encephalitis (EEE)
- NYS Immunization Requirements on School Entrance 2016-17
- Proposed 2016-2017 Flu Rates

MEETING CONCLUSION

Ulster County Board of Health
September 12, 2016

Members PRESENT: Anne Cardinale, RN GCNS-BC, Board Member
Walter Woodley, MD, Chairperson
Marc Tack, DO, Board Member

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health
Shelley Mertens, Environmental Health Director

GUESTS: Lee Cane, Mid-Hudson League of Women Voters

ABSENT: None

EXCUSED: Dominique Delma, MD, Vice Chair
Mary Ann Hildebrandt, MPA, Secretary
Elizabeth Kelly, RN, Board Member
Peter Graham, ESQ, Board Member
Douglas Heller, MD, Medical Examiner
Amy McCracken, Deputy Commissioner of MH
Nereida Veytia, Deputy/Patient Services Director

I. **Approval of Minutes:** The vote and approval of the minutes from the June meeting were tabled until the October meeting due to a lack of a quorum.

II. **Agency Reports:**

a. Commissioner's Report:

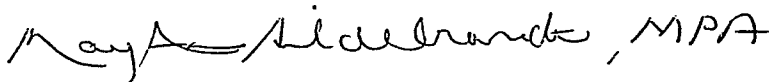
- **Medical Examiner Office Update:** Dr. Smith reported on the status of the Medical Examiner's Office. Currently working on finalizing contracts with Dr. Charles Catanese for Forensic Pathology services as well as with Caitlin Treuting for autopsy assistant services. Dr. Sikirica has agreed to extend his last day for conducting Ulster autopsies to October 23rd until Dr. Catanese can begin. Continuing to work with Personnel to bring a Chief Forensic Investigator onboard.
- **Naegleria Fowleri Case:** Dr. Smith updated the Board on the Naegleria Fowleri Case. This case involved the death of a 19 year old Ulster resident who received a rare brain infection caused by a warm-water organism after a swimming in a warm-water lake while traveling out of town.
- **Old Homestead Mobile Home Park Update:** Ms. Mertens reported that the septic issues at this facility have been fixed by the owner.
- **Winchell's Pizza Update:** Ms. Mertens reported that the permit for this facility has been revoked. Currently there is a new owner who is renovating the facility and will be requesting a permit to operate under the new ownership.
- **Wallkill River Algae Toxins:** Ms. Mertens reported that the presence of Algae Toxins in the Wallkill River has been

confirmed. DEC is posting warning signs at the boat launch sites.

- **Water Testing for Lead in Schools:** The NYS legislation regarding the testing, reporting and remediating lead in drinking water in schools was distributed (see attached.) The school districts are conducting their testing and UCDOH is monitoring the results.
- **Eastern Equine Encephalitis (EEE):** Dr. Smith reported on a confirmed case of EEE in an Ulster County horse. The horse was unvaccinated for this infection and was no travel history. Therefore, the State Agriculture and Markets will set mosquito traps in the swamp that is located near the stalls where the horse resided to test for mosquitos carrying this disease.
- **NYS Immunization Requirements on School Entrance 2016-17:** The new State requirements were distributed to the Board (see attached.)
- **Proposed 2016-2017 Flu Rates:** The proposed fee schedule for 2016-2017 flu rates was distributed to the Board (see attached). Due to a lack of a quorum, the rates were not able to be voted on for approval. Dr. Tack recommended that an email vote to approve these rates be conducted. The Commissioner's Office will coordinate this among Board members.

III. **Next Meeting:** The next meeting is scheduled for October 3, 2016, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:



Mary Ann Hildebrandt, MPA
Secretary - Board of Health



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

MICHAEL P. HEIN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental Health

August 30, 2016

David T. Kalpakis
Winchell's of Ulster, Inc. d/b/a Winchell's Pizza
3187 Route 28
Shokan, New York 12481

Re: Ulster County Department of Health v. David T. Kalpakis, et al.

Dear Mr. Kalpakis:

Please take notice that, based upon the recommendation of the Hearing Officer in the above-referenced proceeding made after the hearing held in this matter on August 1, 2016, and pursuant to Section 1.21.1 of the Ulster County Sanitary Code, I hereby revoke the permit to operate a food service establishment issued to Winchell's of Ulster, Inc., d/b/a Winchell's Pizza by the Ulster County Department of Health on March 1, 2016.

Thank you for your immediate attention to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Carol M. Smith MD MPH".

Carol M. Smith, MD, MPH
Commissioner of Health and Mental Health

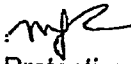
CS/kk
cc: DOH file



Department of Health

MEMORANDUM

To: City/County Commissioners/Public Health Directors
City/County Environmental Health Directors
District Directors

From: Michael J. Cambridge, Director 
Division of Environmental Health Protection

Date: August 29, 2016

Subject: Testing, Reporting and Remediating Lead in Drinking Water in Schools

The State Legislature recently passed a bill (A.10740/S.8158) that would require all school districts and boards of cooperative educational services (collectively, "schools") to test all potable water outlets for lead contamination, to remediate contamination where found, and to notify parents of children and the public of test results. A copy of the bill is attached for your information.

In anticipation of the law's enactment, the New York State Department of Health (DOH), in consultation with the State Education Department (SED), is preparing to publish and implement corresponding regulations, which would include requirements relating to monitoring, response, public notification, reporting, and waivers. The attached memo was sent to Superintendents of Public Schools and District Superintendents of BOCES to assist them in preparing for the potential enactment of this legislation and subsequent regulations, and to encourage schools to proactively take steps to protect children from lead in drinking water now.

The memo states that schools should prepare to immediately test all potable water outlets at school buildings that are, or could be, used for drinking water, unless the building's plumbing and outlets have been determined to be lead-free in accordance with federal standards. If lead contamination is detected at an outlet, schools should be prepared to immediately discontinue use of that outlet, identify an alternate source of water, initiate remediation before bringing the outlet back into service, and notify parents and the public.

We anticipate publishing guidance based on the Environmental Protection Agency (EPA) publication titled "*3Ts for Reducing Lead in Drinking Water in Schools.*" Until such time that the DOH guidance is released, schools were instructed to refer to the EPA's 3Ts program for guidance. The publication can be found at:
http://www.epa.gov/sites/production/files/201509/documents/toolkit_leadschools_guide_3ts_leadschools.pdf

It is important to note that although the EPA 3Ts program applies an action level of 20 parts per billion (ppb), the legislation requires an action level of 15 ppb, consistent with the federal Lead and Copper Rule (40 CFR Parts 141 and 142).

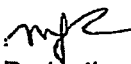
We are requesting your assistance with responding to questions from schools within your jurisdiction concerning the EPA's 3Ts program and, in particular, proper sampling protocols. Additional guidance will be forthcoming that will address waivers, the federal



Department of Health

MEMORANDUM

To: City/County Commissioners/Public Health Directors
City/County Environmental Health Directors
District Directors

From: Michael J. Cambridge, Director 
Division of Environmental Health Protection

Date: August 29, 2016

Subject: Testing, Reporting and Remediating Lead in Drinking Water in Schools

The State Legislature recently passed a bill (A.10740/S.8158) that would require all school districts and boards of cooperative educational services (collectively, "schools") to test all potable water outlets for lead contamination, to remediate contamination where found, and to notify parents of children and the public of test results. A copy of the bill is attached for your information.

In anticipation of the law's enactment, the New York State Department of Health (DOH), in consultation with the State Education Department (SED), is preparing to publish and implement corresponding regulations, which would include requirements relating to monitoring, response, public notification, reporting, and waivers. The attached memo was sent to Superintendents of Public Schools and District Superintendents of BOCES to assist them in preparing for the potential enactment of this legislation and subsequent regulations, and to encourage schools to proactively take steps to protect children from lead in drinking water now.

The memo states that schools should prepare to immediately test all potable water outlets at school buildings that are, or could be, used for drinking water, unless the building's plumbing and outlets have been determined to be lead-free in accordance with federal standards. If lead contamination is detected at an outlet, schools should be prepared to immediately discontinue use of that outlet, identify an alternate source of water, initiate remediation before bringing the outlet back into service, and notify parents and the public.

We anticipate publishing guidance based on the Environmental Protection Agency (EPA) publication titled "*3Ts for Reducing Lead in Drinking Water in Schools.*" Until such time that the DOH guidance is released, schools were instructed to refer to the EPA's 3Ts program for guidance. The publication can be found at:
http://www.epa.gov/sites/production/files/201509/documents/toolkit_leadschools_guide_3ts_leadschools.pdf

It is important to note that although the EPA 3Ts program applies an action level of 20 parts per billion (ppb), the legislation requires an action level of 15 ppb, consistent with the federal Lead and Copper Rule (40 CFR Parts 141 and 142).

We are requesting your assistance with responding to questions from schools within your jurisdiction concerning the EPA's 3Ts program and, in particular, proper sampling protocols. Additional guidance will be forthcoming that will address waivers, the federal

standards for determining that a building is lead-free, and other components of this program. If you have any questions, please do not hesitate to contact your regional field coordinator for assistance.

Attachments (2)

cc: Nathan Graber, M.D.
R. Sokol/T Boepple-Swider
B. Miner/T. Shay
C. Jones Rafferty
D. Ripstein
S. Dorward
Regional Environmental Health Directors
Regional BCEHFP Field Coordinators
Regional BWSP Field Coordinators
CEH-DEHP
LHD2

2016-17 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades Pre-k through 8, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine need to be reviewed only for grades prekindergarten, kindergarten, 1, 2, 6, 7 and 8.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 9 through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements **MUST** be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1 and 2	Grades 3, 4 and 5	Grades 6, 7, and 8	Grades 9, 10, 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 doses	5 doses or 4 doses If the 4th dose was received at 4 years of age or older or 3 doses If aged 7 years or older and the series was started at 1 year of age or older			3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³		Not applicable			1 dose
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose			2 doses	
Hepatitis B vaccine ⁶	3 doses			3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age	
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable		By Grade 7: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable	
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable	

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.
 - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or age or older will meet the 6th grade Tdap requirement.
 - e. For children 7 years of age or older who received the first dose on or after their first birthday, the immunization requirement is 3 doses. If the first dose was received before their first birthday, then 4 doses are required.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.
 - b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years of age.
4. Poliovirus vaccine (IPV/OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at ages 2 months, 4 months and at 6 through 18 months, and 4 years of age or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at age 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Students in grades kindergarten through 12 must have received 2 doses of measles-containing vaccine, 2 doses of mumps-containing vaccine and at least 1 dose of rubella-containing vaccine.
 - c. One dose of MMR is required for prekindergarten.
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children aged less than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate vaccine (MenACWY). (Minimum age: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra or Menevo) is required for students entering grade 7.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at age 16 years or older, the second (booster) dose is not required.
9. Haemophilus Influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. If 2 doses of vaccine were received before 12 months of age, only 3 doses are required with dose 3 at 12 through 15 months of age and at least 8 weeks after dose 2.
 - c. If dose 1 was received at ages 12 through 14 months of age, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months of age or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years of age or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months of age.
 - b. Unvaccinated children 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at age 12 through 15 months.
 - c. Unvaccinated children 12 through 23 months of age are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

MCV4 YOU'RE NOT DONE IF YOU GIVE JUST ONE

GIVE 2 DOSES to Strengthen Protection

RECOMMEND!

- ▶ Make meningococcal disease prevention part of your anticipatory guidance for adolescent and young adult patients.

Talking points:

- Meningococcal disease is rare but can be deadly for young people your age.
 - You are at increased risk from your mid-to-late teens into your early twenties.
 - Disease comes on suddenly, without warning, and can quickly become life-threatening.
 - Meningococcal vaccine is safe and effective.
 - 2 doses are recommended for adolescents your age.
- ▶ Your strong recommendation for MCV4 *will* make a difference.

VACCINATE!

<p>ACIP Recommendations for MCV4 Give dose #1 at 11–12 years of age AND dose #2 at 16 years of age</p>
<p><i>Recommendations if dose #1 is delayed:</i></p> <ul style="list-style-type: none"> • If dose #1 is delayed until 13–15 years of age, give dose #2 at 16–18 years of age.^b • If dose #1 is delayed until 16 years of age or older,^c dose #2 is not recommended.
<p><small>^b The minimum interval between doses of MCV4 is 8 weeks. Thus, it is possible to give the first dose at 15 and the second dose at 16 years of age, as long as the minimum 8-week interval between doses is observed.</small></p> <p><small>^c Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to <i>Neisseria meningitidis</i> is not recommended after 21 years of age.</small></p>

REVIEW!

- ▶ Establish office protocols (eg, screening tools) for identifying adolescents who need to be vaccinated.
- ▶ Make use of helpful management tools (reminder-recall systems, standing orders, immunization registries, electronic health record prompts) to track and improve your vaccination coverage.
- ▶ Don't miss opportunities! Train your staff to help identify teens who need vaccination.

<p>Consider every patient encounter an opportunity to vaccinate:</p>	<ul style="list-style-type: none"> ✓ Acute care visits ✓ Well visits ✓ Sports and camp physicals ✓ Routine visits for chronic illness ✓ Visits for influenza vaccine
---	---

www.Give2MCV4.org

Remember: *You're not done if you give just one!*

References:

1. Wong CA, Taylor JA, Wright JA, et al. Missed opportunities for adolescent vaccination, 2006-2011. *J Adolesc Health*. 2013;53(4):492-497.
2. Centers for Disease Control and Prevention. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2013. *MMWR*. 2014;63(29):625-633.

MCV4 YOU'RE NOT DONE IF YOU GIVE JUST ONE

GIVE 2 DOSES to Strengthen Protection

It's serious: Meningococcal disease, though rare, can cripple or kill, often without warning.

- **Unpredictable** – most cases occur at random, not in outbreaks; transmitted in crowded settings
- **Sudden onset** – difficult to diagnose; mimics symptoms of common illnesses
- **Rapidly progresses** – can lead to shock, coma, and death within 24 hours
- Even with proper treatment of those who are infected, **10%–15% die**
- 11%–19% of survivors suffer **lifelong disability** (hearing loss, amputation of arms or legs, or brain damage)

It affects all ages, but especially adolescents and young adults.

- **16–21 years of age:** At highest risk among people older than 1 year of age

It's preventable: Safe and effective meningococcal vaccines are available and recommended.

- **Not 1 shot but 2:** First dose of MCV4^a at 11–12 years of age (*recommended since 2005*) **AND**
- **A second dose at 16 years of age** (*recommended since 2010*)

Opportunities to give MCV4 are frequently missed when adolescents are already in the office.

Missed Opportunities for Administering MCV4 #1 in Age-Eligible Patients (November 2006–June 2011)¹

Reason for Visit	Eligible patients (%) who did NOT receive MCV4 during visit
Preventive care (n = 1678)	57% (n = 954)
Vaccine-only (n = 527)	86% (n = 453)
Non-preventive care (n = 2944)	96% (n = 2821)

- Unfortunately, 86% of patients who were in the office for a “vaccine-only” visit did not receive the first dose of MCV4 along with other recommended vaccines.
- Timely vaccination remains a challenge in meningococcal disease prevention. **More than 70% of those eligible for the second dose at 16 years of age had not received it by 17 years of age.**²

WHAT CAN YOU DO?

- ▶ Recognize the increased risk of meningococcal disease in your adolescent patients.
- ▶ Make sure your adolescent patients (including those who are not college-bound) are fully vaccinated against meningococcal disease.
- ▶ Give the first dose of MCV4 at 11–12 years of age **and** the second dose at 16 years of age.

^aMCV4 (Meningococcal conjugate vaccine 4-valent or Meningococcal ACWY vaccine) helps protect against meningococcal disease resulting from infection with serogroups A, C, W, or Y.

FLU/PNEUMO CHARGE CALCULATION - 2016

Prepared by K Nelson 05/13/16

Cost Per Dose	Flu	
2013 Count:	230	
2014 Count:	161	
2015 Count:	145	Found in S:\MAccess\Flu Clinic\Counts 07-YY
Admin Cost (Est)		
Nursing PS/FB	\$ 6.39	2015 Cost \$6.34
Clerical PS/FB	\$ 2.16	2015 Cost \$2.26
Tot PS/FB	\$ 8.55	
Vaccine Cost	\$ 16.39	2015 Flu 9.67 Per 01/29/16 PO #2016-00000308
Supply	\$ 0.59	
Recommendation	\$ 26.00	
Charges Adopted by BOH		2015 Chgs Adopted by BOH = \$20.00



<u>NURSING COST</u>	
PS Calculation	
Avg Time per Shot	8 (Minutes) Shot + Med Eval & Educ
Avg Nursing Rate	\$ 30.96
PS Cost per Shot	\$ 4.13
FB @ 54.83%	\$ 2.26
PS + FB	\$ 6.39

<u>Nursing Rate Avg</u>	
Alexander	\$ 31.03
Vacant	\$ -
Dittus	\$ 31.54
Lantos	\$ 30.09
Nerone	\$ 31.47
Plog	\$ 31.03
Pomerantz	\$ 30.48
Smith	\$ 33.45
Snyder	\$ 28.57
	\$ 247.66
Avg =	\$ 30.96

Supply	
Syringe	\$ 0.57 15-17 NYS PC 66414 Bid Price
Alcohol Prep	\$ 0.00645 15-17 NYS PC 66414 Bid Price
Band Aid	\$ 0.01860 15-17 NYS PC 66414 Bid Price
Supplies Cost	\$ 0.59 Note: Syrg & Alco Prep cost down; Bandaid cost same.

<u>Fee Collection & Bill Processing</u>	
Avg Billing Hrs	9.67 (4 min x 145 shots)/60
Avg Clerk rate	\$ 20.96
PS Cost	\$ 202.61
FB @ 54.83%	\$ 111.09
PS + FB	\$ 313.71
Cost per Shot	\$ 2.16 Ttl Clerk PS / Est Doses Administered

<u>Clerical</u>	
Russo	\$ 21.18
Williams	\$ 20.74
Vacant	\$ -
	\$ 41.92
Avg =	\$ 20.96

FB Rate from Last Actual Published 03/03/16 B Gulnick.

