



Onondaga County Legislature

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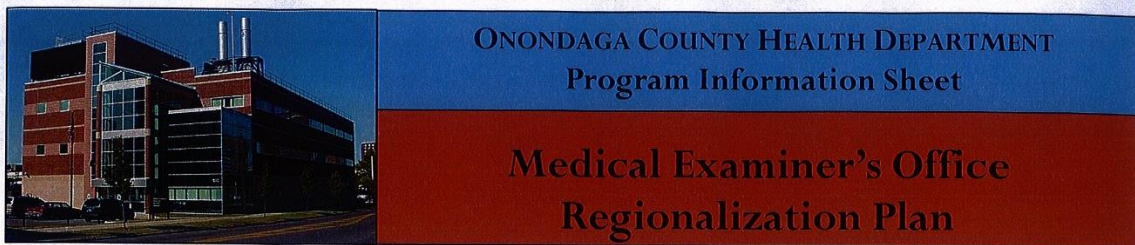
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HEALTH COMMITTEE MINUTES - FEBRUARY 11, 2016 DANNY J. LIEDKA, CHAIRMAN

MEMBERS PRESENT: Mr. Burtis, Mrs. Rapp, Mr. Holmquist, Ms. Williams
ALSO PRESENT: Chairman McMahon, Dr. Chase, Mr. Shepard; see attached list

Chairman Liedka called the meeting to order at 11:01 a.m. *A motion was made by Mr. Burtis, seconded by Ms. Williams to waive the reading of the minutes of the previous committee meeting. A motion was made by Ms. Williams, seconded by Mrs. Rapp to approve the minutes of the proceedings of the previous committee meeting; MOTION CARRIED.*

1. **HEALTH DEPARTMENT:** Michelle Mignano, Deputy Commissioner
 - a. Create R.P. 01 404300 1871 Forensic Investigator 1 Grade 10 @ \$47,843 - \$52,937 effective March 1, 2016;
 - Create R.P. 01 404300 1879 Forensic Investigator 2 Grade 11 @ \$51,144 - \$56,605 effective March 1, 2016;
 - Abolish R.P. 01 404300 2415 Laboratory Technician Grade 8 @ \$40,985 - \$45,316 effective March 1, 2016.



GOAL:

In order for the Medical Examiner's Office (MEO) to be proactive in seeking regional partners and to be poised to expand when such opportunities arise, the MEO requires the appropriate number of positions to fully meet our current needs and to continue to meet accreditation standards for the National Association of Medical Examiners (NAME).

OBJECTIVES:

- Create a funded forensic investigator (FI) series to meet current scheduling, overtime, and caseload demands while bringing our office closer to the NAME recommended investigative staffing levels for an office performing 1,000 autopsies per year. This position will be funded by abolishing a vacant, funded laboratory technician position currently not required in the toxicology laboratory.

	2013	2014	2015
Medical Examiner Cases	930	909	962
Autopsy Examinations	823	797	847
External Examinations	107	112	115


- Create Forensic Investigator (1 and 2; creating series); only 1 will be funded
- Abolishing Lab Tech; MEO and Center for Forensic Sciences look at what they need and how efficient
- Lab Tech retired; position not necessary if they have right positions doing work; been vacant 6+ months; identified can live without; need a Forensic Investigator
- Use overtime; on call in evenings; no one can predict unfortunate incidents; i.e.: weekend with fatal accident in winter; someone has to come in and be onsite; other times with violent situation; have to cover all of them
- Small pool of forensic investigators; scheduling to be on during day to do normal work and cover overtime has been a challenge; caseloads have been going up; this is not due to new contracts, it is normal work flow
- Difference in grade level, but Lab Tech was at step Z; not big difference in dollars; no need to rely on as much overtime
- Able to schedule versus overtime covering the need; might ask why there are not enough, but people get vacations and get sick; cannot staff up to high level
- Dr. Stoppacher said it gives breathing room; still actively engaging other communities for contracting services
- Need this for Onondaga County; provides capacity to get up and running in shorter period of time; 6-12 months

Chairman Liedka asked if this is part of the services with Oneida County, and Ms. Mignano responded this is for the Onondaga County Forensic Investigator needs. Chairman Liedka asked what the situation is with Oneida County as far as a Forensic Investigator. Ms. Mignano replied they have staff that cover Oneida. If there was a catastrophic event, Onondaga County would provide a Forensic Investigator as part of the contract. Those costs would be covered by the contract. Ms. Mignano responded to Mrs. Rapp that the Health Department has hired a Forensic Investigator within that contract. There are not a lot of Oneida County 2 a.m. horrific events, so the risk factors are not that high, but it is incorporated into the contract, so there is coverage.

A motion was made by Mrs. Rapp, seconded by Ms. Williams, to approve this item. Passed unanimously; MOTION CARRIED.

Mrs. Rapp wanted to ask a question regarding when a horrific event occurs and the body is taken to the Medical Examiner’s Office (discussed during public comment at a previous session). Chairman Liedka commented they will be holding off on the question. The committee requested this at a previous meeting and will have a presentation on it at some point.

b. INFORMATIONAL: Zika Virus – Dr. Gupta, Commissioner

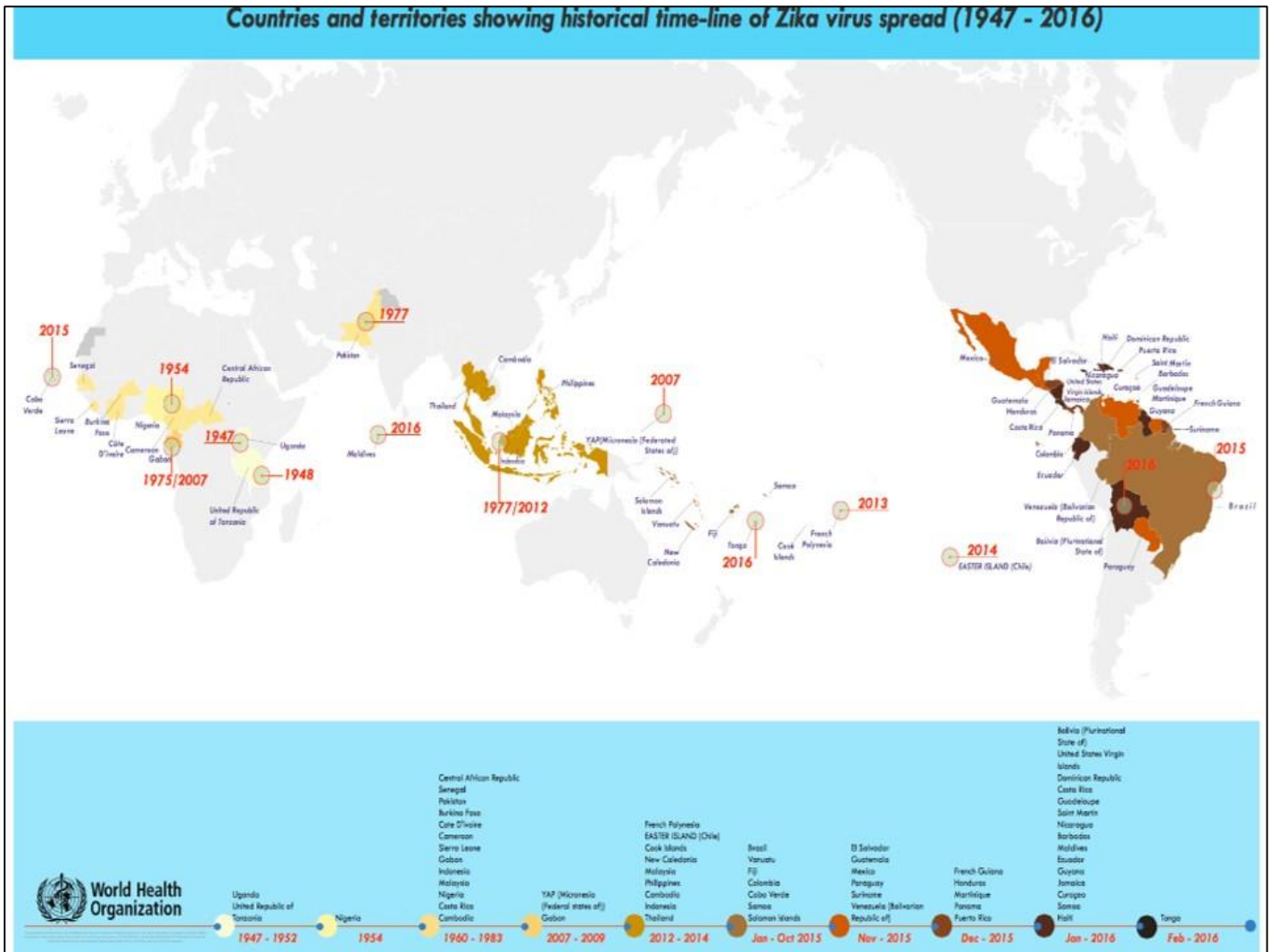
<p style="text-align: center;">Zika Virus What Onondaga County Residents Should Know</p> <p style="text-align: center;">Indu Gupta MD, MPH, MA, FACP Commissioner of Health Onondaga County Health Department February 11, 2016</p> <p style="text-align: center;">Prepared for Onondaga County Legislature Health Committee</p>	<p style="text-align: center;">Objectives</p> <ul style="list-style-type: none"> • What is Zika Virus and how is it transmitted to humans ? • What is its current course ? • Who is at risk? • How can we test for Zika virus? • What travel advisory we should know ? • Future
<p style="text-align: center;">What is Zika Virus?</p> <ul style="list-style-type: none"> • Single stranded RNA virus • Genus Flavivirus • Family Flaviviridae • Similar to West Nile, dengue, yellow fever, Japanese encephalitis viruses • Transmitted by <i>Aedes</i> species of mosquitoes  <p style="text-align: center;"><small>http://www.cdc.gov/dengue/resources/factsheets/MosquitoLifeCycleFINAL.pdf</small></p>	<p style="text-align: center;">Few facts about the vector?</p> <ul style="list-style-type: none"> • <i>Aedes</i> species <ul style="list-style-type: none"> – <i>A. aegypti</i>: more effective vector for humans, not found in NYS – <i>A. albopictus</i>: found in NYS • Aggressive day time biters - peak activity in early morning and late afternoons • Live both inside and outside of the house • Lay eggs in pooled water • Are vectors for chikungunya and dengue virus transmission

- Aedes eggs can live in a small cup, with little water and will stay alive for quite some time; love dirt, garbage, tires

Chairman Liedka asked if this particular species migrate here. Dr. Gupta responded the climate is not appropriate, as they are a warm climate mosquito. The Aegypti are the ones carrying the transmission, and the Albopictus are found in Hawaii (has transmitted dengue, but not shown in the US to transmit Zika).

Time Line of Zika Virus Infection

- First isolated (Monkey): in Uganda in 1947
- First isolated (Human): in Uganda, Tanzania 1952 and Nigeria in 1954
- Before 2007: few cases in Africa and SE Asia
- 2007: First reported Outbreak on Yap Island in the Federated States of Micronesia
- Oct 2013- Feb 2014: Recent outbreak in French Polynesia. Estimated 11.5 % of population might have been affected
- May 2015: Pan American Health Organization (PAHO) alerted of first confirmed Zika virus in Brazil
- Currently many countries are being affected



Countries affected by active transmission of Zika



Onondaga County Health Department

Where is Zika in the Americas?

Barbados, Bolivia, Brazil, Colombia, Commonwealth of Puerto Rico, US territory, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, U.S. Virgin Islands, Venezuela

Onondaga County Health Department

Where is Zika globally ?

- Oceania/Pacific Islands
 - American Samoa, Samoa, Tonga
- Africa
 - Cape Verde

- Virus has been here since 1947; problem now because globalization, people moving all over, environment changing, global warming; giving opportunity for mosquito to produce more and for the infection to spread all over the world

A Public Health Emergency



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WHO Director-General summarizes the outcome of the Emergency Committee regarding clusters of microcephaly and Guillain-Barré syndrome

WHO statement on the first meeting of the International Health Regulations (2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations
 1 February 2016

Onondaga County Health Department

Current status in US?

- Cases are reported in returning travelers: 3 in NYS; US: 35 from other states
- No local transmission of virus reported in the continental US
- Local transmission reported in the Commonwealth of Puerto Rico , US Virgin Islands, and American Samoa
- Concern for local transmission: due to increasing cases of imported cases in US into areas where *Aedes* mosquitoes are present

Distribution of *Aedes* Mosquitoes in US

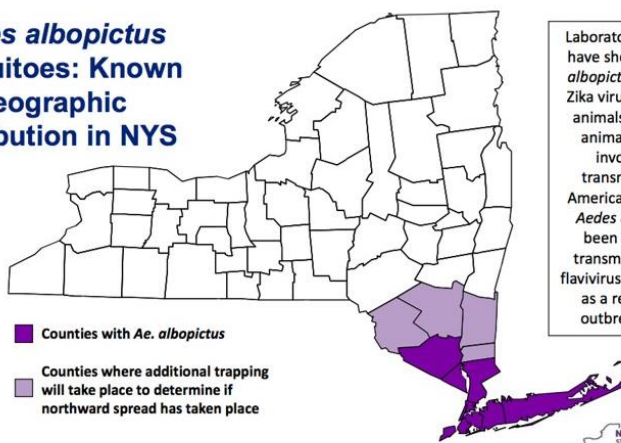
Aedes aegypti and *Aedes albopictus* Mosquitoes: Geographic Distribution in the United States



- Local transmission: when a mosquito here is infected, then they infect the population
- Travelers are coming back with the virus in their body
- Concern is person infected; virus lasts one week; mosquito bites person, carries the virus and infects the local population

Aedes albopictus in NYS

Aedes albopictus Mosquitoes: Known Geographic Distribution in NYS



Laboratory experiments have shown that *Aedes albopictus* can transmit Zika virus from infected animals to uninfected animals. Its current involvement in transmission in the Americas is not known. *Aedes albopictus* has been implicated in transmission of other flavivirus outbreaks, such as a recent Dengue outbreak in Hawaii.

- Do not want people worked up about having this mosquito in NYS; chances of mosquito coming up to Onondaga County are less; this mosquito has not carried Zika virus
- County has Culex not Aedes mosquitoes; Cicero and other areas not same mosquito; NYS very proactive

How is Zika virus transmitted?

- Mosquito bite
- From mother to baby (during pregnancy)
- Sexual contact, blood transfusion
- Other-being investigated: organ or tissue transplantation, breast milk

What happens with Infection?

- About 1 in 5 people will develop symptoms
- 80% have no symptoms when infected
- Incubation period: few days- a week (2-7 days)
- Virus stays in the blood for 1 week or longer
- Mild illness for days to week
- Disease is rarely fatal

- Sexual transmission very important, especially concerning pregnant women
- 2 cases: 2008 in Colorado; in Texas sexual transmission has been reported
- Bitten today virus can stay in blood for 7 days; human contagious to (*Aedes*) mosquito, which is not found here

Symptoms of Zika Virus Infection

- Fever
- Rash
- Joint pain
- Red eye (conjunctivitis)
- Mild symptoms for days- weeks
- Rare: possible severe neurological complication: Guillain-Barré (GB) Syndrome
- Pregnant woman: Fetus: Fetal loss, Microcephaly

Microcephaly



- Pregnant women most concern – Microcephaly or small head; affects brain growth and brain function; as child grows, will have neurological problem; still evolving and learning about this

Microcephaly



Rash of Zika virus infection



Who should be tested?

- All pregnant travelers returning from areas with ongoing Zika transmission
- All returning travelers who are symptomatic within 4 weeks of travel to the affected areas
- A person who has traveled to an area with active Zika virus transmission and who presents with Guillain-Barré syndrome

https://www.health.ny.gov/diseases/zika_virus/docs/2016-02-09_health_advisory.pdf

- Focus testing on pregnant travelers coming back from areas of ongoing Zika transmission
- CDC website gives countries with active transmittals (type in CDC Zika)
- Any woman who is pregnant with or without symptoms should be tested when they are returning; trying to learn about these women, and when they are getting infected or not
- All returning travelers who are symptomatic including non-pregnant women as well as males should be tested within 4 weeks (was 2, but extended to have covered); do not want to lose opportunity to know more than less

Laboratory tests

- No commercial lab can do Zika virus testing
- Designated lab NYS Wadsworth Center and CDC
- Providers → LHD → NYSDOH
- 3 Tests:
 - Real time PCR to detect viral RNA blood and urine in ≤7 days after illness
 - Antibodies: IgM and IgG ≥4 days after illness
 - Plaque reduction neutralizing test (PRNT) to test for Zika virus specific antibody (4 fold rise)

- Very strict testing; do not want overuse of system, but want people to have testing
- i.e.: OBGYN contacts OC Health Dept.; has a traveler who is pregnant; OCHD staff takes information, and if woman fits criteria, will say yes to test; contact regional office online to order test; provider writes script for Zika; working simultaneously with doctor's office and NYS, and sending to Wadsworth Lab
- Not every lab can do because it has to be frozen, it has to be a specific amount, test for urine and blood; lab has to be taught otherwise wasting money
- Done in continued and active consultation with NYSDH; have webinars and conference calls; ongoing close relationship with NYSDH; want to get to bottom of this and protect community

Management

- Supportive treatment - fluids, acetaminophen for pain and fever, avoid Aspirin or NSAID
- No vaccine or medication is available
- Prevention from mosquito bites (to prevent infection and transmission)
 - Since an affected individual could transmit infection to mosquitoes during their first week of illness, he/she should be protected from mosquito bites to prevent transmission to other mosquitoes (which can result in local transmission later)

- Acetaminophen is Tylenol (brand name)
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) like Ibuprofen; Why? Dengue can present the same way, and one of those can have predisposition of bleeding; until confirmed, will not recommend using those types of medications

Prevention

Help Control Mosquitoes that Spread Dengue, Chikungunya, and Zika Viruses

Bzzzz.

Aside from being itchy and annoying, the bite of an infected female mosquito (*Aedes aegypti* or *Aedes albopictus*) can spread dengue, chikungunya, or Zika viruses. People become infected with dengue, chikungunya, or Zika after being bitten by an infected mosquito.

- Female mosquitoes lay several hundred eggs on the walls of water-filled containers. Eggs stick to containers like glue and remain attached until they are scrubbed off. When water covers the eggs, they hatch and become adults in about a week.
- Adult mosquitoes live inside and outside.
- They prefer to bite during the day.
- A few infected mosquitoes can produce large outbreaks in a community and put your family at risk of becoming sick.

Protect Yourself, Your Family, and Community from Mosquitoes

1. Eliminate standing water in and around your home:

- **Once a week**, empty and scrub, turn over, cover, or throw out items that hold water, such as tires, buckets, planters, toys, pools, birdbaths, flowerpots, or trash containers. Check inside and outside your home.
- Tightly cover water storage containers (buckets, cisterns, rain barrels) so that mosquitoes cannot get inside to lay eggs.
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.

2. If you have a septic tank, follow these steps:

- Repair cracks or gaps.
- Cover open vent or plumbing pipes. Use wire mesh with holes smaller than an adult mosquito.

3. Keep mosquitoes out of your home:

- Use screens on windows and doors.
- Repair holes in screens.
- Use air conditioning when available.



4.

Prevent mosquito bites:

- Use an Environmental Protection Agency (EPA)-registered insect repellent with one of the following active ingredients. All EPA-registered insect repellents are evaluated to make sure they are safe and effective.

Active Ingredient Higher percentages of active ingredient provide longer protection	Some brand name examples*
DEET	Off!, Cutter, Sawyer, Ultrathon
Picaridin, also known as KBR 3023, Bayrepel, and icaridin	Cutter Advanced, Skin So Soft Bug Guard Plus, Autan (outside the United States)
IR3535	Skin So Soft Bug Guard Plus Expedition, SkinSmart
Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)	Repel

* Insect repellent brand names are provided for your information only. The Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services cannot recommend or endorse any name brand products.

- Always follow the product label instructions.
- Reapply insect repellent every few hours, depending on which product and strength you choose.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen first and insect repellent second.
- Treat clothing and gear (such as boots, pants, socks, and tents) with permethrin or purchase permethrin-treated clothing and gear.
 - Treated clothing remains protective after multiple washings. See product information to find out how long the protection will last.
 - If treating items yourself, follow the product instructions carefully.
 - Do **not** use permethrin products, intended to treat clothing, directly on skin.
- Wear long-sleeved shirts and long pants.



National Center for Emerging and Zoonotic Infectious Diseases
Division of Vector-Borne Diseases



August 2013

For more information, visit:
www.cdc.gov/dengue, www.cdc.gov/chikungunya, www.cdc.gov/zika



Onondaga County Health Department

- Fortunately do not have the mosquitos here; have mosquitos in different context; strongly emphasize prevention

Zika Virus and Pregnancy

- No evidence of increased susceptibility
- Infection can occur in any trimester
- Presentation of disease is not severe
- Current infection will not affect future pregnancies

- Lots of women did not know they had the infection (maybe a rash during pregnancy), then had baby with Microcephaly

Zika virus during Pregnancy


- Microcephaly
 - Can also occur due to rubella, toxoplasmosis, cytomegalovirus (CMV), genetic-PKU (phenylketonuria), alcohol, Dilantin
- Intracranial Calcification
- Hearing problems
- Neurological complications – i.e., delayed milestones

- CDC weekly report: 4 cases in US tested from Brazil (not here); shown relationship with Zika and infection resulting in 2 with Intracranial Calcification, and 2 with fetal loss
- Able to say Zika can do this; Microcephaly can occur in other things; continuing to watch CDC guidance
- Brazil showing more cases of Microcephaly and Zika, but proof of relationship through science (coming)

Travel Advisory

Notice Level	Traveler Action	Risk to Traveler
Level 1: Watch	Reminder to follow usual precautions for this destination	Usual baseline risk or slightly above baseline risk for destination and limited impact to the traveler
Level 2: Alert	Follow enhanced precautions for this destination	Increased risk in defined settings or associated with specific risk factors; certain high-risk populations may wish to delay travel to these destinations
Level 3: Warning	Avoid all non-essential travel to this destination	High risk to travelers

<http://wwwnc.cdc.gov/travel/notices#travel-notice-definitions>


Onondaga County Health Department

- Level 2 Alert by CDC – talking about pregnant women

Health Advisory

- Pregnant women in any trimester and women who are trying to become pregnant should consider postponing any travel plans to the affected countries
- Men who live in or have traveled to an area of active Zika virus transmission who have a pregnant partner should abstain or use condoms during sex for the duration of the pregnancy.

- Important to understand it can be sexually transmitted, so there are other ways for the virus to reach the baby

New developments

- Brazil, US and WHO research
- OCHD working closely with NYSDOH
- OCHD will be working with local providers
- Will inform public in timely manner
- Strong emphasis on prevention
- Vaccine?

- Vaccine continuing to evolve, but nothing at this point; CDC working with other countries
- Reassurance do not have same mosquito; have cold climate; be vigilant as mosquitoes carry many diseases
- Created page with Zika virus; gives all information including from CDC; continuing to evolve
- Important issue, and should be very cognizant, but not paralyzed by it; not afraid of it

The screenshot shows the Onondaga County Health Department website. The header includes navigation links: HOME, ABOUT, COUNTY COMMUNICATIONS, ONLINE SERVICES, DEPARTMENTS, EMPLOYMENT, LINKS, CONTACT, SEARCH. The main header features the text "Health Department" and "Joanne M. Mahoney, County Executive" and "Indu Gupta, MD, MPH, Commissioner of Health" next to the "ongov.net" logo. Below the header is a row of six images: a family, people on bicycles, a person at a market, a woman holding a baby, a woman in a lab coat, and hands being washed. A search bar and a "Where Can I Find?" dropdown menu are visible. The main content area is titled "Zika Virus Information" and features a large image of a mosquito. The text on the page reads: "Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barré syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes. In response, CDC has issued travel notices for people traveling to regions and certain countries where Zika virus transmission is ongoing." A "Click here to visit Health Department website" link is at the bottom, along with the Onondaga County Health Department logo.

Mr. Holmquist stated it was a very nice and informative presentation, and asked if the government has a plan for making testing mandatory. Dr. Gupta responded there is no mandate. People are good at taking care of themselves, so it is important to inform them. Dr. Gupta can reassure the committee that if OCHD provides the right information, people will come forward. This is something that is important that is affecting women and their babies. It is also important to men, as men can give it to their partner and affect the baby. Dr. Gupta replied to Mr. Holmquist that this is not to the level of Ebola. Measles are actually more contagious than Ebola, but Ebola is very contagious via the body fluid. A small touch can create a problem, but this is very different. Zika is a

virus transmitted by a mosquito bite to the person. There is nothing outside that can do that. The urine has shown positive viruses as well as saliva, but it is not known how infectious they are. CDC and WHO have not come up with guidelines of whether these are contagious as compared to semen. Those are still under investigation (urine and saliva). Urine is being tested here. Mr. Holmquist asked if someone tests positive, then they will be given information on what they should or should not be doing. Dr. Gupta said yes. If a pregnant woman tests positive, the doctor will continue to monitor via ultrasound to see if the fetus is developing any complication (i.e. microcephaly). Nothing can be done except to see if it is affecting the baby. Does it translate every time that the baby will be affected? That is not known. Dr. Gupta said these tests and ultrasounds will help in learning about this. It started in 1947 in the Zika Forest in Uganda (where it got its name) with small things happening, and now there is an outbreak among a larger population, so it is easier to see the implication of what is happening. Mr. Holmquist asked if a pregnant woman is diagnosed, there is nothing that can be done, and Dr. Gupta answered no. The woman has been infected with the virus, and time will tell if it has affected the baby. Dr. Gupta responded to Mr. Holmquist that the best protection from a virus is the vaccine, which will take some time. The vaccine is in the discussion phases.

Mr. Burtis thanked Dr. Gupta for her presentation. Mr. Burtis stated Culex is the species the County has, and Aedes is the “bad guy” for this, and Dr. Gupta agreed. Mr. Burtis said people have to be vigilant, and watch for folks that are travelers. There have been concerned residents, so Mr. Burtis appreciates the information and the website. Ms. Mignano has worked with Ms. Letteney to alert the Environmental Health staff on being aware of what types of mosquitos Onondaga County has, and if there are any changes in the populations. Ms. Mignano said there are more than Culex types of mosquitos. Dr. Gupta stated NYS has not shown any transmission of the virus yet and is very vigilant. NYS will track and monitor this. Dr. Gupta said it is a continuous conversation between the CDC, WHO, Onondaga County Health Department and the NYS Health Department. That is the beauty of the information age; information is empowerment. If the information is there, people can protect themselves without being scared.

Mrs. Rapp stated that people in NYS do not have to worry unless there is some sort of blood transmission with someone that was from that region and tested positive, and Dr. Gupta agreed. Dr. Gupta said to use the term returning travelers. If someone went to Costa Rica and came back, and there are symptoms, the person should be tested (whether they are or are not pregnant). If the person is pregnant, they should be tested whether there are symptoms or not. NYS is more liberal, and will test if there is any doubt. Dr. Gupta responded to Mrs. Rapp stating if she were infected with the Zika virus and standing near another person, there is no way to infect that person. It is all via mosquito bite. Mrs. Rapp said that is important information. Dr. Gupta stated the southern states have Aedes, but there has been no local transmission. Aedes Aegyptia is the one that carries the virus, and it is not the one in NYS. Dr. Gupta said local transmission is a matter of time, so there has to be continuous conversation. These mosquitos do not have a long flight; they have short flights and cannot travel far. Mrs. Rapp asked if they can live in a water bottle put in luggage and travel here in the summer when the climate is right. Dr. Gupta said yes, that is the concern. Ms. Mignano commented that dengue has been around just as long and is a worldwide issue, but it has not been seen in the United States. Dr. Gupta said that is how things happen, but it has not been seen here. Dr. Gupta will continue to hope it will not happen.

Chairman Liedka thanked Dr. Gupta for coming in and presenting.

Chairman Liedka stated Mrs. Rapp brought up a question and at the last committee there was talk about the Medical Examiner’s Office (MEO). Chairman Liedka ran into Ms. Rooney earlier, and asked Ms. Rooney to give the committee feedback on what the policies are, because there were people who spoke about it at the last session.

Ms. Rooney:

- Issue around people being able to see a loved one at MEO is something County Executive (CE) and Ms. Rooney have been discussing with Helen Hudson and others
- Primarily in City where very unfortunate situations have happened; approx. 23 homicides last year, and 17-19 in City of Syracuse (not encountering every day)
- Over 80% of instances when homicide occurs, the body is brought to hospital before MEO; strong preference for families to see the loved one at the hospital prior to MEO
- Medical Examiner (ME) has to go through certain protocols that cannot be violated until they complete their work; sometimes its short and other times it may take many hours; depends on when incident occurred

- After work completed, very quick time for body to be released to funeral home
- It does not happen very often where a loved one does not have the chance to see their loved one that passed
- Feel strongly the process should remain informal; CE done work to ensure loved ones given opportunity if not able to see loved one at hospital, or if the funeral home has not been selected by the time the ME is done
- In those instances, CE office gets involved; Ms. Rooney works with ME to make sure it's possible for the family because it is a traumatic time and situation
- Put parameters on time frame would make difficult situation more difficult; cannot say ME done in 4 hours
- Fortunately happens infrequently; informal process working (involved in for past 2-3 years)
- ME open to figuring this out; on a case by case basis; not putting parameters on

Ms. Williams stated there were a couple instances that did not go to the hospital and went right to the MEO. In the past, Ms. Williams has received a phone call, and spoke with the County Executive to allow families to see their loved ones. If this were to happen again, would that still occur? Ms. Rooney answered absolutely. Ms. Williams said there did not have to be a blanket statement or procedure for everything, but when those isolated incidents occur, then the phone calls are made. Ms. Rooney agreed. Ms. Williams stated for the record, "The families were brought in very timely. It was not a long, drawn out process." Ms. Rooney agreed, and said it is such a sensitive topic. Ms. Rooney commented that the County Executive's Office tries to be as accommodating as possible, while being respectful of what the Medical Examiner has to do to meet protocols.

Mrs. Rapp asked of the 23 homicides, how many did the County have to get involved in. Ms. Rooney answered last year it was three, and only one time did the family go to the MEO (family selected a funeral home while the ME was working). Mrs. Rapp asked, from a practical standpoint, can it be figured out three times a year. Ms. Rooney replied absolutely. Ms. Williams stated for the record, "Kathy Rapp that has been done." There has not been a time where there was any pushback. Ms. Rooney said the County Executive's Office will get a phone call, and Ms. Rooney will work directly with the family to make the arrangements.

Chairman Liedka said they were good answers for the questions, and it is a difficult situation to be in.

The meeting was adjourned at 11:52 a.m.

Respectfully submitted,



JAMIE M. McNAMARA, Assistant Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **Health**

DATE: **2/11/16**

NAME (Please Print)	DEPARTMENT/AGENCY
Darcie Lesniak	Leg
Bill Kinne	LEU