



The City of Worcester

WORCESTER BOARD OF HEALTH MEETING

Meeting Minutes

May 18, 2026

25 MEADE STREET, ROOM 109 1ST FLOOR. WORCESTER, MA

Welcome

Board Members Present:

Chair-Frances Anthes, Michael Perotto, Dr. Patrick Lowe, Joseph Kahoro

Staff Present:

Seema Dixit, HHS Commissioner; Nikki Nixon, Interim Director, DPH; Jennifer Bradford, Medical Director, HHS; Amelia Houghton, Chief of Public Health Nursing, DPH; Desiree Sutton, Business Manager DPH; Kyle OConnor, Tobacco Prevention Specialist, DPH; Alexandra Kalkounis, City Solicitor, Law Department.

Staff Virtual:

Brenda Wright, Principal Clerk- DPH

Guest Present:

Michael Kane–Worcester Regional Chamber; Yajaira Paulino–Naomesco; Henry Schwan, Reporter-Worcester T&G

1. Call to Order

Chair Frances Anthes called the meeting to order at 6:30pm.

2. Welcome and Introductions

The Chair welcomed everyone and asked Board members and attendees to introduce themselves.

3. Announcements

The Chair announced one new BOH member, Joseph Kaharo and Seema Dixit HHS Commissioner, introduced Dr. Jennifer Bradford, the new HHS Medical Director. Both were asked to introduce themselves.

Joseph Kahoro

- Born in Kenya; moved to Worcester at age four
- Raised and educated in Worcester Public Schools
- Completed undergraduate and graduate studies in Boston
- Physician Assistant practicing internal medicine
- Owner of a private practice in Southbridge
- He expressed enthusiasm for serving on the Board and support for the Worcester community.

Dr. Jennifer Bradford

- Assistant Professor in Family Medicine and Community Health at UMass Chan Medical School
- Resident in Worcester since 2011; completed family medicine residency locally
- Extensive experience working with underserved populations
- Expressed enthusiasm for joining the Board and supporting Worcester's health and wellbeing

4. Minutes of last meeting

The Chair noted a correction to Item #4, clarifying that she requested a motion to approve the minutes rather than moving to approve them.

Patrick Lowe moved to approve the minutes. The motion was seconded by Joseph Kahoro and passed 4-0

5. Nursing and Communicable Disease Update

Amelia Houghton, Chief of PH Nursing, presented the report. She spoke on emerging public health issues, educational outreach efforts, and nursing initiatives.

Alpha-gal Syndrome Update

Amelia highlighted Alpha-gal Syndrome, a tick-borne allergy that can cause severe reactions, including anaphylaxis. Diagnosis requires lab and skin testing, with possible false positives in asymptomatic individuals. Management involves avoiding mammalian-derived products, with treatment including antihistamines and epinephrine as needed. She noted that Alpha-gal Syndrome is now a reportable condition in Massachusetts.

Hantavirus Update

41 individuals in multiple states are under surveillance following potential exposure linked to a cruise ship outbreak, with two reported deaths. No U.S. cases have been confirmed, and person-to-person transmission risk remains extremely low.

Public Health Education and Outreach

Amelia described efforts to educate residents and community partners through:

- Social media posts
- Flyers and brochures
- Bookmarks
- Educational materials, and
- Materials distributed at health fairs and outreach events

The nursing team continues to provide educational outreach and distribute care packages to individuals experiencing homelessness.

The Chair thanked Amelia for the informative and comprehensive report and expressed appreciation for the ongoing outreach and education efforts. The report can be accessed online at www.worcesterma/health.

Agenda Reorganization

Seema Dixit requested to move the tobacco regulation discussion ahead of the burial agent vote and Community Healthlink presentation. The Board agreed by consensus to reorder the agenda.

6. Policy Recommendations: Tobacco Regulations

Chair Frances Anthes reviewed updates provided by staff since the Board's last discussion.

- *Retailer categories:* Smoke shops are defined as adult-only tobacco retailers, while general retailers include convenience stores and gas stations that sell tobacco alongside other goods.
- *Smoking bar distance:* The 500-foot separation between smoking bars was removed, but the 500-foot distance requirement from schools remains.

Kyle O'Connor presented the revised draft and noted updates to the definitions section, including replacing "general retail store" with "adult-only store." Chair Anthes requested clarification of "retail tobacco store" to ensure general retailers are not misclassified as smoke shops. Kyle agreed to revise the language.

Required Signage Section B (Pages 4–5)

- Kyle reviewed updates to the signage section and noted outdated language was removed.
- Revised language requires retailers to comply with all local and state signage requirements.
- New provisions for smoke shops and smoking bars require:
 - Signs prohibiting minors from entering.
 - Secondhand smoke warning signs where on-site consumption is allowed.
 - Signs regarding secondhand smoke where on-site consumption is permitted.

Board Discussion

- The Board discussed whether smoke shops may allow on-site consumption.
- Kyle clarified that smoke shops may allow product sampling but are not intended for general smoking.
- Members requested clearer language distinguishing sampling from broader on-site use.
- The Chair suggested revising Section B#5 to state: "Smoking bars and smoke shops that allow for any on-site consumption..."

Prohibitions Section C (Page 6)

- Outdated language allowing flavored tobacco sales in both smoke shops and smoking bars was removed.
- Revised language states that flavored tobacco products may only be sold and used in smoking bars.

Additional Revision to Section C#10

- The Chair proposed adding the phrase: "For on-site consumption or sampling only"

This clarification is intended to emphasize that smoke-shops are limited to product sampling rather than unrestricted smoking. The Board agreed.

Retail Tobacco Permit Requirements Section E (Page 7)

Section #1

- New language requires retailers to electronically acknowledge through the permitting system that they have read the regulations, understand their responsibilities and will instruct all employees accordingly.

- This will be a required step for both new applications and permit renewals.

Section #2

- New language requires employees of tobacco retailers to sign a statement confirming they have received and reviewed the regulations.
- Retailers must keep these signed statements on file and provide them to the Board of Health upon request.

Section E#8 – Property Interest Language

Legal counsel explained that a tobacco permit or license does **not** create a property interest. As a result, the permit cannot be treated as a transferable or vested right.

Maximum Number of Tobacco Product Sales Permits Section F#1

Discussion on “Shall” vs. “May”

Changing the language from “shall” to “may” would:

- Allow existing smoke-shop permits to remain in place.
- Permit those licenses to be transferred to other retailers, such as convenience stores or gas stations, if ownership changes.
- Avoid requiring that all 22 permits be dedicated exclusively to smoke shops.

Board members agreed that this approach provides greater flexibility, encourages business diversification and does not change the total number of available tobacco permits.

Kyle then confirmed his understanding of using the word “may” instead of “shall” to mean,

- Up to 22 permits can be held by smoke shops.
- The city would not be obligated to reserve all 22 permits solely for smoke shops.
- Other retailers could obtain those permits if they meet all requirements.

He agreed to revise the regulation by replacing “shall” with “may” to reflect the Board’s discussion and consensus.

Exemption Section F#1c (Page 8)

The proposed revision creates a limited exemption to support economic stability and allow previously licensed retail locations to reopen after:

- Temporary closures,
- Financial hardship,
- Renovations, or
- Changes in ownership.

Patrick Lowe questioned whether reserving permits for smoke shops serves a public health purpose. He noted that smoke-shops are dedicated tobacco retailers, while general retailers offer a wider range of products and services. He questioned whether the city should prioritize protecting smoke-shop permits over supporting more diverse businesses.

The Chair explained that previously permitted tobacco locations could reapply within a set period without being subject to the 500-foot buffer requirement. Board members agreed the draft language reflected the Board’s prior discussion.

Density Requirements (Pages 8–9)

Current Regulation

New tobacco permits are prohibited within 500 feet of any other active tobacco permit.

Proposed Changes

- General tobacco retailers may not be located within 500 feet of another general tobacco retailer or a school
- Smoking bars may not be located within 500 feet of a school.
- General retailers would be permitted within 500 feet of a smoking bar.
- Smoking bars would be permitted within 500 feet of other smoking bars.

Violations and Enforcement Section H (Page 10)

Current regulations:

- Only include a local fine and suspension structure.
- Use discretionary language (“may”) that requires the Board to hold hearings to determine suspension lengths on a case-by-case basis.
- Maintain a flat local fine of \$300 per violation.

Proposed Changes

1. Incorporation of State Framework
 - The regulations would incorporate the state fine and suspension schedule for violations of state tobacco laws to ensure consistency and clarity.
2. Fixed Suspension Periods
 - Suspension lengths would be established in advance, eliminating the need for the Board to determine suspension durations at each case.
3. Graduated Local Fine Structure
 - Local fines would increase for repeat violations to strengthen deterrence and align with practices in other municipalities.

The Chair requested clarification on Section H (b)i. regarding sales to minors. Kyle explained that state law requires an automatic suspension for a first offense involving sales to minors. She emphasized that sales to minors are among the most serious violations and supported highlighting this distinction.

Counsel noted that the mandatory “shall” language provides clear direction for staff. Retailers would receive notice of the fine and suspension, with hearings held only if the action is appealed or contested. The Board agreed the revised language improves clarity and administrative efficiency while preserving due process rights.

Violations Reference Document

The document outlined state and local tobacco violations and their corresponding enforcement actions. It was provided to help Board members distinguish between the two categories.

Michael Perotto’s proposed amendments

Michael Perotto expressed concern that the proposed fines and suspension periods were still aggressive and did not strike an appropriate balance between public health goals and fairness to the business community. He formally proposed amendments to the violations, (Section H, pages 9–10). For state law violations, he recommended retaining the existing fines while reducing suspension periods from,

- i. 3 to 2 business days for a first violation, from 7 to 5 business days for a second violation within 36 months, and from 30 to 20 business days for a third or subsequent violation.
- ii. For local regulation violations, he proposed reducing fines to \$100 for a first violation, \$200 for a second violation, and \$300 for a third or subsequent violation. He also proposed reducing suspension periods for second and subsequent violations from 7 to 5 business days and from 30 to 20 business days.

He said these amendments would create a more balanced enforcement structure and send a strong but fair message to both the business community and the public.

Board members opposed the amendments. Dr. Lowe said the Board had already made significant compromises and that further reducing penalties would weaken public health efforts to reduce smoking and youth initiation. Joseph Kahoro supported keeping the draft as presented, stating he found the current compromise reasonable. The Chair also said the regulations reflected a balanced approach, indicating she would vote against the amendments.

The Chair called for a vote on Michael Perotto's proposed amendments, with members voting 'aye' to adopt and 'nay' to reject.

Vote results:

- Michael Perotto: Aye
- Joseph Kahoro: Nay
- Patrick Lowe: Nay
- Francis Anthes: Nay

The proposed amendments were not adopted.

The Chair noted the minor revisions to the regulations and asked Kyle to update and return. She indicated the item would proceed to a public hearing and referenced the required 14-day public notice period due to anticipated community interest.

A motion was made by Patrick Lowe to proceed with advertising the final version of the regulations. No seconding required.

The motion was approved by roll call vote: Michael Perotto: No; Joseph Kahoro: Yes; Patrick Lowe: Yes; Francis Anthes: Yes

The Board directed staff to finalize the document and begin the 14-day advertising period.

Meeting Schedule Discussion

- A regular Board of Health meeting was tentatively scheduled for June 1.
- A public hearing was tentatively scheduled for June 15.

Public Hearing Procedure Discussion

The Board discussed whether to vote during the public hearing or defer action. The City Solicitor advised that the Board may vote at the same meeting or keep the record open for written comments and vote later. The City Solicitor noted that public notices typically set a deadline for written comments before the hearing so members can review them in advance, and that the Board may vote after hearing testimony or postpone if needed. The Board agreed to plan for a vote at the June 15 public hearing, with the option to delay to July if significant issues arise. The Chair thanked legal counsel, staff, and the Board for their work and collaboration.

7. Vote To Approve Desiree Sutton as Primary Burial Agent

The Chair informed the Board that Desiree would serve as the primary Burial Agent following the previous appointee's retirement. A written description of the role was included in the packet, highlighting its responsibilities and importance.

A motion was made by Michael Perotto to appoint Desiree Sutton as the primary Burial Agent, seconded by Patrick Lowe. The appointment was approved unanimously by roll call vote, with affirmative votes from Patrick Lowe, Joseph Kahoro, Michael Perotto, and Francis Anthes.

The Chair and Board members thanked Desiree for accepting the responsibility.

Kyle asked a clarifying question regarding a requested edit to the proposed tobacco regulations whether "retail tobacco store" was needed, as it appeared redundant with "smoke shop." The Board recommended broadening "retailer" to include businesses selling tobacco alongside other goods. Kyle agreed to revise "retailer" accordingly, remove "retail tobacco store," and retain the definitions of "permit" and "permit holder."

8. Community HealthLink

Community Healthlink Closure & Service Transition

The Commissioner of Health and Human Services updated the Board on the June 30 closure of Community Healthlink and the transfer of services to new providers. Central Massachusetts Housing Alliance will oversee continuum of care and supportive housing. Open Sky Community Services is seeking state approval to provide enhanced residential rehabilitation services at Barrett and Orchard Street. Clinical & Support Options will serve northern areas, including Leominster and Fitchburg. Behavioral Health Network is expected to assume multiple Worcester-based programs, including behavioral health and DMH services. The goal is to maintain continuity of care and minimize disruption, with ongoing coordination among providers, the state, and stakeholders.

Coordination and Implementation

The Commissioner noted that agencies and the state are collaborating on transition planning, timelines, and workforce impacts. The city will maintain ongoing communication with Community Healthlink and partner agencies to ensure continued referrals and access to services during the transition.

Board Concerns on Impact and Timeline

Board members raised concerns about the impact of the closure on vulnerable residents and questioned the feasibility of the June 30 timeline given the scale of the transition. Dr. Lowe emphasized the need for careful coordination, state involvement, and adequate funding, citing risks to patient safety if not properly managed.

State Oversight and Next Steps

The Commissioner confirmed that the Commonwealth is actively involved in overseeing the transition and has assigned a representative to monitor progress. She added that the city will meet

with Behavioral Health Network once agreements are finalized to support coordinated communication and service continuity.

9. Director's Report

The Director noted that the monthly report provides informational updates on operational activities outside of the tobacco regulations. She highlighted two Community Health Office programs focused on mental health and substance use in recognition of Mental Health Awareness Month. HOPE Framework and Diversion to Care Program. HOPE Framework is led by Irene Nyanuba (WDPH Health Promotion and Community Strategist) with support from a BSAS grant, and Diversion to Care Program is overseen by Jennifer Nakijoba, Chief of Community Health. Efforts are supported through partnerships with:

- AIDS Project Worcester
- Family Health Center of Worcester
- Open Sky Community Services
- Pernet Family Health Service
- GAAMHA
- External consultants supporting staff capacity building.

A Board member asked about a proposed program pairing mental health professionals with the Worcester Police Department to divert individuals in crisis. The Commissioner said the Community Healthlink model was not implemented. She noted that clinicians are available on-call to assist police by phone and provide follow-up support after responses. Seema will provide additional details on how the system operates and its usage.

The Director's report can be accessed on our website at www.worcesterma/health.

10. Next Meeting Date & Topics

- Next BOH meeting date is June 1, 2026.
- Public Hearing for New Proposed Tobacco Regulations: June 15, 2026

11. Adjournment

A motion to adjourn was made by Michael Perotto and seconded by Dr. Patrick Lowe. The motion passed unanimously.

The meeting adjourned at 7:53p.m.



The City of Worcester

Department of Health and Human Services

Division of Public Health

Board of Health

Monthly Nursing Communicable Disease Report

Report Date: May 18, 2026

Reporting Period: April 2026

Contents of Report:

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1. Brief Overview of Communicable Disease Trends

The following section provides an overview of trends in case counts observed between March 2026 and April 2026 (Table 1).

Note-

- Respiratory illnesses are trending down sharply, led by flu and COVID-19.
- Foodborne illnesses show a small increase, with multiple pathogens rising by one case each
- Hepatitis trends were mixed, and travel-related malaria appeared with one case in April.

Category	Condition	Mar 2026	Apr 2026	Change
Respiratory	Influenza (Flu) (viral)	261	155	-106
	Novel Coronavirus (COVID-19) (viral)	77	28	-49
	Streptococcus Pneumonia (bacterial) (coughing, sneezing or direct contact with secretions)	2	1	-1
	Group A Strep (bacterial or direct contact with wounds)	7	3	-4
	Group B Strep (bacterial) (usually affects newborns and adults with chronic diseases)	2	1	-1
Contact	Mpox (viral) (close contact with infected individuals, contaminated materials, infected animals)	0	0	0
Foodborne Illness	Salmonellosis (bacterial) (contaminated food and water or direct contact through fecal-oral route)	1	0	-1
	Norovirus (viral) (contaminated food or utensils)	1	2	+1
	Campylobacteriosis (bacterial) (also by animal feces contact)	1	2	+1
	Shigellosis (bacterial) (contaminated food, water or by person to person)	0	1	+1
	Giardiasis (parasitic) (contaminated food or water)	0	1	+1
Hepatitis	Hepatitis A	1	0	-1
	Hepatitis B	11	9	-2
	Hepatitis C	4	5	+1
Travel	Malaria (parasites transmitted through mosquitos)	0	1	+1

Table 1 Shows monthly case count changes. A negative (-) sign indicates a decrease in case counts from last month. A positive (+) sign indicates an increase in case counts from the previous month.

2. Public Health Recommendations – based on Communicable Disease trends

Preventing Foodborne Illness at Home & in Food Service

Hand Hygiene & Illness Exclusion

- Wash hands with soap and water for 20 seconds before food prep, after restroom use, after handling raw foods, and after animal contact.
- Do not rely solely on hand sanitizer—ineffective against norovirus.
- Stay home when sick. Food handlers must be symptom-free for at least 48 hours after vomiting or diarrhea.

Prevent Cross-Contamination

- Use separate cutting boards/utensils for raw meats and ready-to-eat foods.
- Clean and sanitize surfaces after raw food contact.
- Store raw meats below ready-to-eat foods in the refrigerator.

Safe Cooking & Temperature Control

- Cook poultry to 165°F; thoroughly cook seafood and shellfish.
- Refrigerate leftovers within 2 hours (1 hour if above 90°F).
- Keep cold foods below 40°F and hot foods above 140°F.
- Use a food thermometer—don't guess.

Cleaning, Sanitizing & Norovirus Response

- For vomiting/diarrhea incidents: clean with soap first, then disinfect with a bleach solution (5–25 tbsp per gallon of water); let sit ≥5 minutes.
- Wash towels and linens on hot.
- Regularly sanitize high-touch areas (fridge handles, faucets, counters).

Safe Food & Water Handling

- Wash produce thoroughly under running water.
- Drink pasteurized milk and juices; use treated or properly maintained well water.
- Avoid untreated or surface water.

Animal Contact Precautions

- Keep pets and pet food away from prep areas.
- Wash hands after touching animals or cleaning pet waste.

Home Kitchen Best Practices

- Separate raw meats from produce during storage and prep.
- Clean countertops, boards, and utensils after each use with hot soapy water.
- Avoid preparing food for others if anyone in the home is ill.
- Sanitize kitchen surfaces regularly.

Food Handler Checklist

- ✓ Washed hands for 20 seconds before starting
- ✓ Symptom-free ≥48 hours after vomiting/diarrhea
- ✓ No bare-hand contact with ready-to-eat foods
- ✓ Raw meat kept separate from produce and cooked foods
- ✓ Cutting boards/utensils cleaned after raw food contact
- ✓ Safe internal temperatures checked with a thermometer
- ✓ Spills/vomit/diarrhea cleaned and then disinfected with bleach
- ✓ Cold foods <40°F; hot foods >140°F
- ✓ Know illness-reporting and contamination-response procedures

[*Preventing Campylobacter Infection / Campylobacter / CDC*](#)

[*How to Prevent Norovirus / Norovirus / CDC*](#)

[*Handwashing / Mass.gov*](#)

[*Norovirus / Mass.gov*](#)

[*Handwashing education materials for food handlers / Mass.gov*](#)

Travel Guidance for Malaria Prevention

Here are the **key malaria prevention tips**:

- Check your destination's malaria risk before traveling.
- Take the correct malaria medication and follow the timing exactly.
- Use EPA-registered insect repellent (DEET or picaridin).
- Wear long sleeves and pants; treat clothing with permethrin if possible.
- Sleep under insecticide-treated bed nets.
- Avoid being outdoors at dawn and dusk when malaria-carrying mosquitoes are most active.
- Seek medical care immediately for any fever during travel or up to 3 months after returning.

Tips for Children

- All children traveling to malaria-risk areas should take prophylaxis—common options include **atovaquone-proguanil**, **mefloquine**, or **doxycycline** (for kids ≥ 8 years)
- Pediatric formulations (e.g., Malarone pediatric tablets) facilitate correct dosing by weight
- Combine medication with bite prevention: use child-safe **DEET** or **picaridin**, long-sleeved clothing, and **insecticide-treated nets**

Tips for Pregnant Women

- Pregnancy increases malaria risk and can lead to miscarriage, preterm birth, and low birth weight

- Recommended prophylaxis across all trimesters: **mefloquine**; other treatments include **artemether-lumefantrine** or **quinine + clindamycin**
- **Atovaquone-proguanil** is generally avoided during pregnancy due to limited safety data
- Do **not** use **doxycycline**, **tetracycline**, **primaquine**, or **tafenoquine** during pregnancy

Why Timing of Medication Matters

- **Starting early** (e.g., 1–2 days before travel for atovaquone-proguanil) helps build effective blood levels before exposure begins
- **Continuing post-travel** (e.g., 7 days for atovaquone-proguanil) ensures any parasites contracted during travel are eliminated before symptoms arise
- **Consistent dosing** (same time daily/week) maintains steady drug concentration, maximizing protection and minimizing resistance
- Taking medications with **food or milk** improves absorption and reduces side effects. For instance, mefloquine and doxycycline are better tolerated with meals, and doxycycline should be taken upright to prevent esophageal irritation.

[*Malaria Prophylaxis for Primary Care Providers*](#)

[*Choosing a Drug to Prevent Malaria | Malaria | CDC*](#)

[*What time of day should you take malaria medication? | Timing Guide*](#)

3. Spotlight on Ticks: Comparing Common Ticks in the Region

Table 2 summarizes key information regarding tick species.

Tick Species	Primary Distribution	Diseases Transmitted
Blacklegged Deer Tick (<i>Ixodes scapularis</i>)	Common throughout the Northeast; prefers forested and brushy areas	Lyme disease • Anaplasmosis • Babesiosis • Borrelia miyamotoi • Ehrlichia muris eauclairensis • Powassan virus Evidence of alpha-gal sensitization after a <i>I. scapularis</i> bite—documented cases in Maine
Lone Star Tick (<i>Amblyomma americanum</i>)	Expanding into regions like Connecticut, Long Island, RI, MA	Ehrlichiosis (E. chaffeensis, E. ewingii) • Tularemia • STARI • Heartland & Bourbon viruses Primary vector of alpha-gal syndrome—strongly linked to new red meat allergies
American Dog Tick (<i>Dermacentor variabilis</i>)	Widespread east of the Rockies, including northeastern states	• Rocky Mountain spotted fever • Tularemia • Sometimes ehrlichiosis, rare tick paralysis Not recognized as alpha-gal vector; limited anecdotal association in parts of Minnesota & Wisconsin

Table 2 Here's a comparison chart summarizing key tick species found in the Northeast US, their disease transmission, and details on alpha-gal syndrome.

[How Lyme Disease Spreads | Lyme Disease | CDC](#)

[Ixodes Ticks: Traits, Life Cycle, and Disease Transmission - ScienceInsights](#)

[Alpha-Gal Syndrome after Ixodes scapularis Tick Bite and Statewide Surveillance, Maine, USA, 2014–2023 - Volume 31, Number 4—April 2025 - Emerging Infectious Diseases journal - CDC](#)

[Lone Star Tick Surveillance | Ticks | CDC](#)

[Tickborne Diseases of the United States: A Reference Manual for Healthcare Providers, Sixth Edition, 2022](#)

4. Emerging Infectious Diseases: Alpha-Gal Syndrome

Alpha-gal Syndrome (AGS): Summary

Surveillance and Data Collection

Alpha-gal Syndrome (AGS) is a serious allergic reaction to the alpha-gal molecule, which is produced by most mammals and can be transmitted to humans through the saliva of certain ticks, including the lone star tick. Because AGS is an emerging and not yet fully understood health concern in Massachusetts, the Department of Public Health (DPH) is collecting surveillance data to identify geographic areas of risk, better understand who is affected and how symptoms present, and raise awareness among both the public and healthcare providers.

The Department of Health has formally declared that, because AGS has recently been identified or suspected as a public health concern in Massachusetts—and because more information is needed to assess and reduce the potential burden of illness and possible mortality—confirmed and suspected cases are now reportable in the state. This authorization for surveillance is issued under 105 CMR 300.150 and is effective from April 1, 2026 for a 12-month period.

- An **IgE-mediated allergy** to the carbohydrate **alpha-gal** (galactose- α -1,3-galactose), most often triggered after bites from **lone star ticks**. Sensitization can take **weeks to months** post-bite.
- Unlike typical food allergies, **symptoms are delayed** (often **2–10 hours** after eating mammalian products) and can vary over time.

An IgE-mediated allergy is an immune reaction in which the body produces IgE antibodies against a specific substance, causing symptoms like hives, swelling, trouble breathing, or anaphylaxis when the person is exposed to that allergen.

Key exposure & triggers

- **Common:** Mammalian meats (beef, pork, lamb, venison). **Not** poultry or fish.
- **Less common:** **Dairy**, and certain **medications/medical products** containing animal-derived ingredients (e.g., **gelatin, glycerin, magnesium stearate, bovine extract**; some **monoclonal antibodies, heparin, antivenoms, and porcine/bovine heart valves**).
- **Immediate reactions** can occur with **injectable** products containing alpha-gal.

Symptoms (two clusters)

- **Allergic:** Hives/itching, angioedema, wheeze/shortness of breath, anaphylaxis, hypotension.
- **GI:** Abdominal pain, nausea, vomiting, diarrhea, heartburn/indigestion.
- Severity varies; some sensitized individuals **do not** react clinically.

Tick behavior notes (relevant to MA)

- **Lone star ticks (AGS-linked):** adults can **move toward** people; **nymphs** often occur in **large clusters**—masking tape can be efficient for removing **unattached** ticks.
- **Black-legged ticks (Lyme vector):** typically **quest** on vegetation and transfer when brushed.

Testing & diagnosis

- **Serology (primary):** alpha-gal sIgE; ≥ 0.1 kU/L is considered **positive**, but IgE level **does not correlate** with symptom severity.
- **Skin tests:** to mammalian meats/products; interpreted with clinical context.
- **Diagnosis for surveillance:** **positive test AND delayed symptoms** after mammalian exposure.
- **Caveats:** sIgE alone is **insufficient**—false positives can arise (e.g., stings, parasitism, atopy, cat ownership). **Do not test** asymptomatic individuals.

Management

- **Strict dietary avoidance** of mammalian products; **read labels** (foods & meds).
- **Antihistamines** for mild reactions; **epinephrine (EpiPen)** for severe/anaphylaxis.
- **Repeat sIgE testing every 6–12 months** to monitor trends and guide cautious re-introduction.
- **Avoid future tick bites** to reduce risk of **re-sensitization**.

Long-term outlook

- Some patients may **tolerate** alpha-gal products again after a period **without repeat bites**.
- No reliable way (currently) to **predict** duration of avoidance or **who** will see resolution.

Important to know-

1) Recognize AGS's "not typical" pattern

- Delayed reactions (2–10 h) after mammalian foods—often **overnight** or **middle-of-the-night** symptoms.

- A prior history of eating red meat **without issues** does **not** rule out AGS; sensitization can occur later.

2) Practical avoidance

- **Diet:** Avoid beef/pork/lamb/venison; review **processed foods**, supplements, and meds for **gelatin/glycerin/magnesium stearate/bovine** components.
- **Healthcare:** Flag AGS in the chart; discuss **procedures/meds** (e.g., biologics, heparin, antivenoms, valves) in advance with clinicians/pharmacists.

3) Tick bite prevention

- **Repellents:** EPA-registered (DEET/picaridin).
- **Clothing:** long sleeves/pants; **permethrin-treated** gear.
- **Environment:** check for **clusters** of nymphal lone star ticks; use **masking tape** for quick removal of **unattached** ticks; shower/check within 2 h of outdoor exposure.
- Prevent re-sensitization: avoid future tick bites.

4) When to refer/test

- History of **delayed reactions** after mammalian foods or **immediate** reaction to an injectable product containing animal-derived excipients.
- Order **alpha-gal sIgE**; consider **skin testing** via allergy specialist.
- Avoid testing people **without** symptoms.

5) Emergency readiness

- Educate patients at risk on **EpiPen use** and **label reading**.
- Provide an **action plan** for accidental exposures.

Resources (from MAVEN)

- [AGS Case Investigation Tip Sheet \(DPH\)](#)
- [AGS Fact Sheet \(DPH\)](#)
- [AGS Clinical Advisory \(DPH\)](#)
- [DPH 24/7 Epidemiology line: 617-983-6800](#)
- [CDC: Managing Alpha-gal Syndrome](#)
- [CDC: Fast Facts—Products that may contain Alpha-gal](#)

5. Emerging Infectious Diseases: Hantavirus

Hantavirus Update

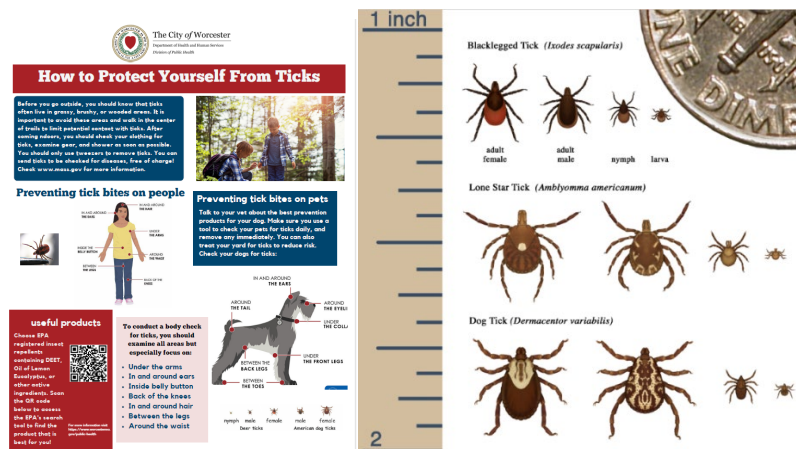
A cluster of hantavirus cases have been linked to a cruise ship, the M/V Hondius, which is currently docked off the coast of Cape Verde, according to a statement released by CDC on May 6. Jurisdictions with travelers returning from the ship have been contacted directly. The following resources from the CDC are available:

- [About Hantavirus | Hantavirus | CDC](#)
- [About Andes Virus | Hantavirus | CDC](#)

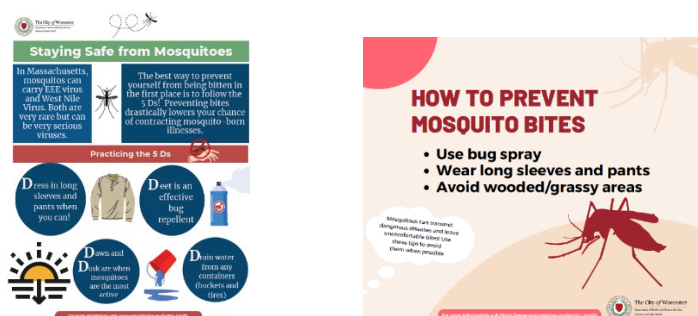
6. Sharing Public Health Education

Examples of Materials created by the Health Department and distributed throughout our communities and to our partners

Tick bite prevention education/Tick bite flyer/Tick species identification



Mosquito bite prevention education/Mosquito Infographic and social media post



Disease prevention and awareness

Norovirus flyer (bookmarks also available)

NOROVIRUS

(Stomach bug)

Leading cause of foodborne illness in the United States responsible for over 100,000 hospitalizations per year!

WHAT IS IT?



- Usually spread by eating or drinking contaminated food or drinks or by close contact with an infected person
- Common sources of transmission are:** Raw produce, contaminated drinking water, shellfish from contaminated waters, uncooked foods, cooked foods that are not reheated after contact with an infected food handler.

SYMPTOMS



- Nausea
- Vomiting
- Stomach pain, cramps, sometimes muscle pain
- Watery or loose diarrhea
- Fever

DURATION



- A person usually develops symptoms between 1-2 days after being exposed.
- Most people with norovirus get better after 1-3 days; but they can still spread the virus up to several days later.

PREVENTION



- Thoroughly **wash your hands** after handling raw foods, animals, pets, and diapers, and to thoroughly cook your food.
- Use bleach** containing products to disinfect surfaces and kill Norovirus. Alcohol based products do not work.

TREATMENT



- No specific treatment but rest and fluids are needed to manage DEHYDRATION from vomiting and diarrhea.
- Severe cases of dehydration from diarrhea and vomiting may require hospitalization.



mass.gov/fact-sheets-on-infectious-diseases

Handwashing bookmark

HAND WASHING

It takes 20 seconds to wash your hands and keep yourself and others safe!



WHY WASH YOUR HANDS?

- Get rid of germs
- Avoid getting sick
- Stop spreading germs to others because hands can spread germs

Which germs can be spread through your hands?

- Bacteria: Salmonella, E. Coli, Staphylococcus aureus
- Viruses: Norovirus, Rhinovirus, Influenza, Rotavirus
- Parasites: Giardia, pinworms

WHEN TO WASH YOUR HANDS?

Before you:

- Touch or serve food
- Eat or drink
- Put in or take out contact lenses
- Treat a cut, scrape, burn or blister
- Take care of someone who is sick

After you:

- Go to the bathroom
- Help someone else use the bathroom
- Change a diaper (don't forget to wash the baby's hands too!)
- Cough, sneeze, blow your nose or wipe a child's nose
- Handle uncooked food, especially raw meat, poultry, fish or eggs
- Handle garbage
- Touch an animal, animal feed or animal waste
- Take care of someone who is sick or injured
- Use public transportation
- Touch pet food or treats

HOW TO WASH YOUR HANDS?



- Wet your hands with clean, running water and apply soap.
- Lather your hands by rubbing them together with the soap.
- Scrub your hands for at least 20 seconds. Hum the "Happy Birthday" song twice!
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

WHAT IF SOAP IS NOT AVAILABLE?

You can use an alcohol-based sanitizer that contains at least 60% alcohol. Alcohol-based sanitizers can quickly kill most of the germs on your hands, but they do not get rid of all types of germs. Hand sanitizers work best when hands are not visibly dirty or greasy. Hand sanitizer should be applied to one hand then distributed over all surfaces of your hands and fingers until your hands are dry.



For more information
Handwashing education materials for the general public | mass.gov



The City of Worcester
Department of Health and Human Services
Division of Public Health



Health Check

Use this checklist to record your own health or share with your family

Date	Name	Age	Gender	DOB	EC	EC2	EC3
01/01/2020							

What is blood pressure?

It is defined as the force with which the blood is pushed through the blood vessels. It is measured in mmHg (millimetres of mercury). A normal blood pressure is 120/80 mmHg. A blood pressure of 130/90 mmHg is considered high. A blood pressure of 160/100 mmHg is considered very high. A blood pressure of 180/110 mmHg is considered a medical emergency.

Over time, high blood pressure can lead to serious health problems, such as:

- Stroke
- Coronary Heart Failure
- Kidney Failure
- Affects on other body organs including eyes, brain and heart

Public Health is the...

- Science and art of promoting disease
- Promotion of health education
- Control of communicable infection
- Organisation of medical and nursing services to fit local diagnosis and preventive treatment of disease.

The Hazards of Hypertension

Blood pressure is measured in mmHg (millimetres of mercury). It is the force with which the blood is pushed through the blood vessels. It is measured in mmHg (millimetres of mercury). A normal blood pressure is 120/80 mmHg. A blood pressure of 130/90 mmHg is considered high. A blood pressure of 160/100 mmHg is considered very high. A blood pressure of 180/110 mmHg is considered a medical emergency.

High Blood Pressure

Blood pressure is measured in mmHg (millimetres of mercury). It is the force with which the blood is pushed through the blood vessels. It is measured in mmHg (millimetres of mercury). A normal blood pressure is 120/80 mmHg. A blood pressure of 130/90 mmHg is considered high. A blood pressure of 160/100 mmHg is considered very high. A blood pressure of 180/110 mmHg is considered a medical emergency.

Three Ways to Help Reduce the Pressure

More than 1 billion people in the world have high blood pressure. It is the leading risk factor for heart disease and stroke. It is measured in mmHg (millimetres of mercury). A normal blood pressure is 120/80 mmHg. A blood pressure of 130/90 mmHg is considered high. A blood pressure of 160/100 mmHg is considered very high. A blood pressure of 180/110 mmHg is considered a medical emergency.

Department of Health and Human Services

Division of Public Health
Hennepin, MN 55455
Toll-free: 1-800-657-3888
Webster
Public Health, City of York

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DO YOU KNOW WHAT YOUR NUMBERS ARE?

What You Need to Know About Blood Pressure

FOR MORE INFORMATION ON ANY OF THESE TOPICS, VISIT HEART.ORG OR SCAN THE QR CODE BELOW:




EFFECTS OF LOW BLOOD PRESSURE

Low blood pressure is defined as less than 90/60 mmHg and is also referred to as **Hypotension**.

Constantly low blood pressure can be dangerous if it causes signs and symptoms such as:

- Confusion
- Dizziness
- Nausea
- Fainting
- Neck or back pain
- Headache
- Blurred vision
- Heart palpitations

Underlying causes can include:

- Prolonged bed rest
- Prolonged standing
- Depression
- Parkinson's disease
- Pregnancy
- Dehydration
- Certain medications and drugs

WHAT IS BLOOD PRESSURE?

Your blood pressure is the force of your blood while moving through your vessels.

When left untreated, the damage that high blood pressure does to your circulatory system is a significant contributing factor to heart attack, stroke and other health threats.

WHAT IS A HEART HEALTHY LIFESTYLE?

Follow the below tips to help maintain a healthy blood pressure:

- Eat a well-balanced diet
- Limit alcohol to no more than two drinks per day for men and one drink per day for women
- Engage regular physical activity
- Manage stress
- Maintain a healthy weight
- Quit smoking – or don't start!
- Take your medications properly
- Work with your health care professional

BLOOD PRESSURE MYTHS

MYTH High blood pressure runs in my family. There's nothing I can do to prevent it.

FACT Lifestyle choices have allowed many people with a family history of high blood pressure to avoid it.

MYTH I don't use table salt, so I'm in control of my sodium intake and my blood pressure.

FACT Controlling sodium means more than putting down the salt shaker. It also means reading food labels. Most sodium we eat is hidden in processed foods such as soups, sauces, soups, condiments, canned foods and prepared meats.

MYTH I need that wine to be good for the heart. So I can drink as much as I want.

FACT If you drink alcohol, including red wine, do so in moderation.

HYPERTENSION

In hypertension stage 1, your health care professional is likely to prescribe lifestyle changes, but only if health care professional can diagnose high blood pressure.

If your blood pressure is in the normal range, stick with heart-healthy habits such as following a balanced diet and getting regular exercise.

If your blood pressure is elevated, work with your health care professional to control the condition.

If it's unusually high, wait five minutes after your first reading. Take your blood pressure again. If your readings are still high, contact your health care professional immediately.

In hypertension stage 2, your health care professional should prescribe blood pressure medication and lifestyle changes.

In hypertensive crisis, you need medical attention.

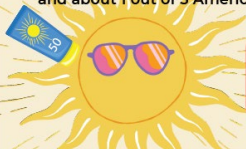


12

Skin cancer flyer

Let's Talk About Skin Cancer

Skin cancer is the most common type of cancer in the United States, and about 1 out of 5 Americans will develop it by the age of 70.



What Is Skin Cancer?

The skin is made up of three main layers called the epidermis (outer), dermis (second layer), and hypodermis (innermost layer). Skin cancer is the excessive growth of abnormal cells in the epidermis. The excessive growth is caused by DNA damage, which leads to tumor formation.

Main types of skin cancer:

Basal Cell Carcinoma and Squamous Cell Carcinoma (these tumors occur in the basal cells of the epidermis/top layer). Other types include Melanoma (these tumors occur in the melanocytes, the skin cells that give skin its color) and Merkel Cell Carcinoma (these tumors usually appear on sun-exposed areas such as head, neck and eyelids).

The two main causes of skin cancer are the sun's ultraviolet (UV) rays and ultraviolet tanning beds. Anyone can get skin cancer.

Learn how to do a skin check: skincancer.org/self-exams



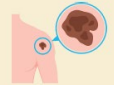
If you see something new or changing on your skin such as moles or lesions, that either grow, bleed or sores that do not heal.

CONTACT A DERMATOLOGIST IMMEDIATELY!

Prevention/Sun Safety

Check the UV index before going outside and avoid the sun during peak hours of 10 am - 4 pm. **DON'T FORGET** to wear polarized sunglasses to protect the eyes and retinas, sunscreen (SPF 30 +), UV sun protection swimwear and sunwear, and a wide-brim hat.





Early Detection and Treatment Is Crucial!

Otherwise, any of these tumors can spread to other parts of the body and become fatal.



The City of Worcester
Department of Health and Human Services
Division of Public Health

Narcan use bookmark



The City of Worcester
Department of Health and Human Services
Division of Public Health

STOPPING AN OVERDOSE




Signs of An Overdose	
An overdose is rarely immediate	The person can't wake up, they are not just nodding
The lips or fingertips are turning blue	Their breathing is slow (less than 1 breath every 5 seconds), or they are not breathing at all
The body is very limp	The face is very pale
The person is making choking sounds or gurgling	The person is making a snoring noise

Response To An Overdose	
Look for signs	Try to stimulate the person (call name loudly, rub the middle of the chest)
CALL 911, give them the address	Let them know this person is not breathing
Perform rescue breathing	With head tilted back, pinch nose shut
Give 1 slow breath every 5 seconds	Place the person on their side (Recovery position)
Stay with the person! If you can't then leave the door open	

FOR MORE INFORMATION:
Worcester Cares-Opioid Coalition

Stop An Overdose With Narcan



Single step nasal spray
Spray full dose into one nostril

Step 1: Call 911	Say "someone isn't breathing" and "I think it's an overdose". Stay until help arrives, even if they seem better.
Step 2: Give Narcan	Push pump only aftertip is in the nose. If no response in 3 minutes give another dose.
Step 3: Give breaths/ CPR	Make sure mouth is clear. Tilt head back, lift chin, and pinch nose. Give 1 breath every 5 seconds and make sure chest rises with each breath. provide CPR if you have been trained.
Step 4: Stay until help arrives	If person is breathing ok, turn them to their side. If not breathing well, give breaths See step 3. Stay until help arrives.

The Good Samaritan law protects people who overdose or ask for help from someone who is overdosing, from being charged or prosecuted for drug possession.

FOR MORE INFORMATION:
Mass.gov/narcan
HelplineMA.org
1-800-327-5050



Arbovirus Reporting-surveillance begins in June

The Health Department regularly shares educational materials with the public through multiple channels. These materials are distributed to our community partners, local schools, the senior center, the library and at all outreach and tabling events.

Arbovirus reports are provided to the Communications Team, City leadership, and our community partners to ensure broad awareness. The Public Health Director receives notifications about mosquito-related activity from the Central Massachusetts Mosquito Control Project and advisories from the State Department of Public Health. This information is then shared with the public through the Communications Team and posted on the City website.

The Board of Health and City leadership are kept informed whenever mosquito-related issues require additional attention or action.

7. Recent Public Health Nurse Outreach Efforts-Update

Comfort Care Pack Program Update

25 Comfort Care Packs have been distributed during outreach

- Ongoing feedback is being collected to assess program impact.
- New Spring/Summer packs will include sunscreen, tick/mosquito repellent, and education on bite prevention.
- **Each recipient will receive a brief one-on-one discussion about prevention strategies.**
- Winter items and the heavy body wash bottle have been removed.
- Packs now will include more water and additional shower cloth packs.
- Updated packs will be distributed once the new items arrive (shortly).
- Current feedback shows the packs are well received and appreciated.

End of Report

BOH Burial Agent Write-up

Per Massachusetts Department of Public health- MDPH, the “Board of Health Burial Agent is responsible for examining the death record, in particular the cause of death and disposition information, for any errors or omissions. The Board of Health Burial Agent must approve the death record to the clerk for registration when all requirements for the permit have been met.”

The Board of Health Burial Agent is also responsible for managing unclaimed body processes, fetal disposition permits, and letters of non-contagion for out of country disposition.

The Board of Health Burial Agent also manages and processes the Funeral director’s Licenses and fees.

The current burial agent is retiring from the City and as such the Board needs to appoint a new Burial Agent.



The City of
Worcester

WDPH DIRECTOR'S REPORT

Presented by:

Nikki Nixon, MS
Interim Director
Division of Public Health

■ PURPOSE OF DIRECTOR'S REPORT

To keep Board of Health members informed on key operational activities and accomplishments within the division.

Health Observance

**May is Mental
Health Awareness
Month**

“More Good Days, Together”

For more information: [Mental Health Month 2026](#) | [Mental Health America](#)



HOPE Framework Overview

Massachusetts Department of Public Health funding via The Office of Substance Abuse and Mental Health Services Administration.

Goal:

1. To create positive childhood outcomes through positive experiences.
 - Being intentional about creating positive experiences in childhood – for example cooking together or regular game night on Fridays and using those times to connect.

Strategies and Achievements:

- Engaged **120** community members in a Youth Wellness and Resilience Summit to celebrate and share resources on youth engagement in substance misuse prevention efforts.
- Ongoing training provided on this frame-work
 - Teachers
 - Youth-serving organizations
 - LGBTQ+ Community
 - Lived Experience Community

Diversion to Care Overview

Massachusetts Department of Public Health funding via The office of Substance Abuse and Mental Health Services Administration.

- 3 years of funding (FY'25 – FY'28)

Goals:

1. Build or enhance local overdose response strategies and service coordination infrastructure within the city.
2. Leverage existing resources and **partnerships** and engage additional individuals who are not currently accessing services.
3. Identify gaps through mapping using an identified framework [Sequential Intercept Model (SIM)]
4. Incorporate applicable prevention strategies.

Diversion to Care Overview

Strategies and Achievements January'26 – May'26:

1. 13 individuals transported to services (court, substance-use services, etc.)
2. 129 individuals trained on naloxone (Narcan) administration
3. 236 naloxone (Narcan) distributed
4. 6 sharps containers distributed
5. 146 used sharps collected throughout the city
6. 15 Fathers “behind the wall” participated in workshops to get trained on skill-building upon release
7. 11 provided with sober housing placements and recovery-coach support

Partnerships

Aids Project Worcester (APW)

- Expanded transportation services to better reflect target population
- Community outreach and engagement
- Expanded drug checking program
- Provided naloxone trainings and educational materials to the community
- Distributed indispensable and hygienic items during outreach

UHA! For Health

- Provided wraparound services
- Naloxone trainings for priority populations
- Conducted Focus groups
- Weekly support groups
- Community outreach, peer support programs, family services and case coordination

Open Sky Community Health Services

- Provided sober housing placements and rental assistance
- Provided recovery coach support
- Created sustainable individualized plans to maintaining recovery

Pernet Family Services

- Re-entry support groups
- Re-entry aftercare support for parents

G.A.A.P. Recovery

- Provide sober housing placements
- Provide recovery coach support
- Create sustainable individualized plans to maintaining recovery

ForHealth Consulting

- Provide subject matter expertise regarding the intersection of substance misuse, overdose response and local criminal legal system stakeholders.
- Capacity Building
- Incentives for community engagement



THANK YOU

Worcester Board of Health Tobacco Regulations

WHEREAS, the Board of Health (“BOH”) of the City of Worcester (“City”) is charged with the regulation and oversight of retail tobacco establishments pursuant to the authority granted by Chapter 120 of the Acts of 2014 and Article Six of the Home Rule Charter; and

WHEREAS, the City Council of Worcester has enacted the Tobacco Products Control Ordinance, pursuant to Chapter 8, § 3 of the General Revised Ordinances of 2008, to protect and promote public health through regulation of the sale of tobacco products; and

WHEREAS, there exists conclusive evidence that tobacco smoking causes cancer, respiratory and cardiac diseases, negative birth outcomes, irritations to the eyes, nose, and throat¹; and

WHEREAS, the majority (90%) of smokers begin smoking before the age of 25, and over 5 million youth and young adults (ages 25 and under) smoke²; and

WHEREAS, the Massachusetts Department of Environmental Protection has classified liquid nicotine in any amount as an “acutely hazardous waste”;³ and

WHEREAS, the density of tobacco retailers near adolescents’ homes has been associated with increased youth smoking rates and initiation of non-cigarette tobacco product use⁴; and

WHEREAS, tobacco retailers are more prevalent in underserved communities, especially in neighborhoods with a higher proportion of African American or Hispanic residents;⁵

WHEREAS, policies to reduce tobacco retailer density have been shown to be effective and can reduce or eliminate social and racial inequities in the location and distribution of tobacco retailers⁶; and

¹ U.S. Center for Disease Control and Prevention (CDC), *Health Effects of Cigarette Smoking Fact Sheet* (2021), https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

² Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56) (2021) (Retrieved from <https://www.samhsa.gov/data/>).

³ 310 CMR 30.136

⁴ LJ Finan et al., *Tobacco Outlet Density and Adolescents’ Cigarette Smoking: A Meta-Analysis*, 28(1) *Tob Control*. 27 (2019) (doi: 10.1136/tobaccocontrol-2017-054065); Abdel Magid HS et al., *Tobacco Retail Density and Initiation of Alternative Tobacco Product Use Among Teens*, 66(4) *J. Adolescent Health* 423 (2020) (doi: 10.1016/j.jadohealth.2019.09.004).

⁵ Siahpush M. et al., *Association of availability of tobacco products with socio-economic and racial/ethnic characteristics of neighbourhoods*, 124(9) *Pub. Health* 525 (2010) (doi: 10.1016/j.puhe.2010.04.010); Lee JG, et al., *Inequalities in tobacco outlet density by race, ethnicity and socioeconomic status, 2012, USA: results from the ASPIRE Study*, 71(5) *J. Epidemiol Cmtty Health* 487 (2017) (doi: 10.1136/jech-2016-208475); D.O. Fakunle et al., *Black, White, or Green? The Effects of Racial Composition and Socioeconomic Status on Neighborhood-Level Tobacco Outlet Density*, *Ethn Health*. 1 (2019) (doi: 10.1080/13557858.2019.1620178).

⁶ Ribisl KM, et al., *Reducing Disparities in Tobacco Retailer Density by Banning Tobacco Product Sales Near Schools*, 19(2) *Nicotine Tobacco Res.* 239 (2017) (doi: 10.1093/ntr/ntw185); HG, Henry et al., *Tobacco Retail Licensing and*

WHEREAS, the Board of Health has determined that updated regulations are necessary and appropriate to realize the protection and promotion of public health while also balancing the business demands of a growing city; and

WHEREAS, the Massachusetts Supreme Judicial Court has held that “. . . [t]he right to engage in business must yield to the paramount right of government to protect the public health by any rational means”;⁷ and

WHEREAS, these regulations aim to reduce tobacco use by prioritizing prevention, cessation support, and youth protection, while improving public health outcomes and providing local businesses with the opportunity to engage in retail tobacco sales; and

WHEREAS, it is the intention of the Board of Health to regulate the sale of tobacco products;

NOW THEREFORE, pursuant to the authority granted to Worcester Board of Health by M.G.L. c.111, §31, and the requirements set forth in Chapter 8, § 3, of the General Revised Ordinances related to Tobacco, the Worcester Board of Health hereby repeals the Board of Health Regulations related to Restricting the Sale of Tobacco Products, effective September 1, 2016, Restricting the sale of Cigars and Flavored Tobacco Products, effective January 1, 2019, and, Restricting the Number of Tobacco Product Sales Permits, effective October 23, 2023, and replaces said regulations with the following updated regulations. All other existing Board of Health Regulations shall remain effective.

A. DEFINITIONS

For the purpose of this regulation (“Regulations”), the definitions found in M.G.L. Chapter 270 and other applicable state laws, Chapter 8, § 3(b) of the General Revised Ordinances of Worcester shall apply, in addition the following words shall have the following meanings.

Blunt Wrap: Any product made wholly or in part from a tobacco product, manufactured or packaged with loose and removable leaves or section of a leaf, or as a hollow tube, which may be used by the consumer to wrap or contain loose tobacco or other fillers.

Electronic Nicotine Delivery System: An electronic device, whether for 1-time use or reusable, that can be used to deliver nicotine or another substance to a person inhaling from the device including, but not limited to, electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, vaping pens, hookah pens and other similar systems that rely on vaporization or aerosolization. “Electronic nicotine delivery system” shall also include any noncombustible liquid or gel that is manufactured into a finished product for use in such electronic device. “Electronic

Density 3 Years After License Regulations in Philadelphia, Pennsylvania (2012-2019), 110 (4) Am J. Pub. Health 547 (2020) (doi: 10.2105/AJPH.2019.305512); A.E. Myers et al., *A comparison of three policy approaches for tobacco retailer reduction*, 74 Prev. Med. 67(2015) (doi: 10.1016/j.ypmed.2015.01.025).

⁷ *Druzik et al v. Board of Health of Haverhill*, 324 Mass. 129 (1949).

nicotine delivery system” shall also include any component, part, or accessory of a device used during the operation of the device even if the part or accessory was sold separately. “Electronic nicotine delivery system” shall not include a product that has been approved by the United States Food and Drug Administration for sale or use as a tobacco cessation product or for other medical purposes and that is marketed and sold or prescribed exclusively for that approved purpose.

Flavored tobacco product: Any tobacco product or component part thereof that contains a constituent that has or produces a characterizing flavor. A public statement, claim or indicia made or disseminated by the manufacturer of a tobacco product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such tobacco product, that such tobacco product has or produces a characterizing flavor shall constitute presumptive evidence that the tobacco product is a flavored tobacco product.

Minimum Legal Sales Age (MLSA): The age an individual must be before that individual can be sold a tobacco product in the City.

Minor: Any individual under the age of 21.

Permit: The Tobacco Product Sales Permit issued by the board of health pursuant to this regulation.

Permit Holder: Any person engaged in the sale or distribution of tobacco products that applies for and receives a Tobacco Product Sales Permit, or any person that is required to apply for a Tobacco Product Sales Permit, or his or her business agent.

Person: Any individual, firm, partnership, association, corporation, company or organization of any kind, including but not limited to, an owner, operator, manager, proprietor or person in charge of any establishment, business or retail store.

Retail Tobacco Store: An establishment that is not required to possess a retail food permit whose primary purpose is to sell or offer for sale, but not for resale, tobacco products and tobacco paraphernalia, in which the sale of other products is merely incidental, and in which the entry of persons under the minimum legal sales age is prohibited at all times, and maintains a valid permit for the retail sale of tobacco products as required to be issued by the City.

Retailer: shall mean any person who is the owner or operator of any establishment in the business of selling or distributing tobacco products.

Schools: Public or private elementary and secondary schools.

Smoke Shop (also known as “Adult-only Retail Tobacco Store” in G.L. c. 270): An establishment that is not adjoined, whose only purpose is to sell or offer for retail sale tobacco products and/or tobacco product paraphernalia, in which the entry of persons under the age of 21 is prohibited at all times, and which maintains a valid permit for the retail sale of tobacco products from the Worcester Board of Health and applicable state licenses. The establishment shall not allow anyone under the age of 21 to work at the establishment.

Smoking Bar: an establishment that: (i) exclusively occupies an enclosed indoor space and is primarily engaged in the retail sale of tobacco products for consumption by customers on the premises; (ii) derives revenue from the sale of food, alcohol or other beverages that is incidental to the sale of a tobacco product and prohibits entry to a person under 21 years of age; (iii) prohibits a food or beverage not sold directly by the establishment from being consumed on the premises; (iv) maintains a valid permit for the retail sale of a tobacco product as required to be issued by the Worcester Board of Health; and (v) maintains a valid permit issued by the Massachusetts Department of Revenue to operate as a Smoking Bar. “Smoking Bar” shall include, but is not limited to, those establishments that are commonly known as “cigar bars” and “hookah bars.”

Tobacco Product: Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, chewed, absorbed, dissolved, inhaled, vaped, snorted, sniffed, or ingested by any other means, including, but not limited to: cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff, or electronic cigarettes, electronic cigars, electronic pipes, electronic hookah, or other similar products, regardless of nicotine content, that rely on vaporization or aerosolization. “Tobacco product” includes any component or part of a tobacco product. “Tobacco product” does not include any product that has been approved by the United States Food and Drug Administration either as a tobacco use cessation product or for other medical purposes and which is being marketed and sold or prescribed solely for the approved purpose.

Tobacco Product Flavor Enhancer: Any product designed, manufactured, produced, marketed, or sold to produce a characterizing flavor when added to any tobacco product.

B. TOBACCO SALES TO PERSONS UNDER THE MINIMUM LEGAL SALES AGE PROHIBITED

1. The minimum legal sales age in the city of Worcester is twenty-one (21).
2. No Retailer shall sell or otherwise distribute a tobacco product to a minor.
3. **Required signage:** Retailers who sell or permit the sale of tobacco products shall comply with applicable local and state signage requirements, including but not limited to those

required in M.G.L. c. 270 and 105 CMR 665.015. Retailers shall conspicuously post signage provided by the City that discloses current referral information about smoking cessation.

4. All Smoking Bars and Smoke Shops shall post signage, in the form developed and made available by the City, on the exterior of the door providing entrance to the Smoke Shop or Smoking Bar and such sign shall not be obstructed from view or placed at a height of less than four feet or greater than nine from the bottom of the door. Such signage shall state that "No person younger than 21 years old is permitted on the premises at any time."
5. All Smoking Bars and Smoke Shops that allow for onsite consumption of tobacco products shall post signage, in the form developed and made available by the City, on the exterior of the door providing entrance to the Smoke Shop or Smoking Bar and such sign shall not be obstructed from view or placed at a height of less than four feet or greater than nine from the bottom of the door. Such signage shall warn persons entering that smoking and vaping may be present on the premises and provide information concerning the health risks associated with secondhand smoke and the use of tobacco products, including electronic nicotine delivery systems.
6. Retailers shall conspicuously post a sign stating that **"The sale of tobacco products, including e-cigarettes, to anyone under the age of 21 years is prohibited."** The notice shall be no smaller than 8.5 inches by 11 inches and shall be posted conspicuously in the retail establishment or other place in such a manner so that they may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than four (4) feet or greater than nine (9) feet from the floor.
7. **Identification:** Each Retailer selling or distributing tobacco products shall verify the age of the purchaser by means of valid government-issued photographic identification showing the purchaser is not a minor. Verification is required for any person under the age of twenty-seven.
8. All retail sales of tobacco products, as defined herein, must be face-to-face between the seller and the buyer and occur at the permitted location.
9. No person shall sell or otherwise distribute tobacco products within the City of Worcester without first obtaining a Tobacco Product Sales Permit issued annually by the Board of Health. Only owners of establishments with a permanent, non-mobile location in Worcester are eligible to apply for a permit and sell tobacco products at a specified location in Worcester.

C. PROHIBITIONS

1. No Retailer may sell or distribute any cigarette package that contains fewer than twenty cigarettes, including single cigarettes.

2. Self-service displays of tobacco products are prohibited. All humidors including, but not limited to, walk-in humidors must be locked. The only exception is self-service displays that are located in facilities where the Retailer ensures that no minor is present, or permitted to enter, at any time.
3. Tobacco vending machines are prohibited.
4. Non-Residential Roll-Your-Own machines are prohibited.
5. No health care provider, institutional or non-institutional, shall sell tobacco products or allow tobacco products to be sold on its premises. No retail establishment that operates, maintains, or employs a health care provider within it, such as a pharmacy or drug store, shall sell tobacco products or cause tobacco products to be sold.
6. No educational institution shall sell or allow tobacco products to be sold on its premises. This includes all educational institutions as well as any retail establishments that operate on the property of an educational institution.
7. The sale or distribution of tobacco products in any building or facility owned or operated by the City shall be prohibited, except as authorized by the City Council.
8. No Retailer shall:
 - a) Distribute any free samples of tobacco products;
 - b) Accept or redeem any coupon that provides any tobacco product without charge or for less than the listed or non-discounted price;
 - c) Sell a tobacco product to consumers through any multi-pack discounts (e.g., "buy-two-get-one-free") or otherwise provide or distribute to consumers any tobacco product without charge or for less than the listed or non-discounted price in exchange for the purchase of any other tobacco product;
 - d) Sell or cause to be sold blunt wrap;
 - e) Sell or distribute tobacco products in any form other than an original factory-wrapped package, including the repackaging or dispensing of any tobacco product for retail sale.
9. No person shall sell or distribute or cause to be sold or distributed any flavored tobacco product, as defined herein, except in Smoking Bars for on-site consumption only.
10. No person shall sell an electronic nicotine delivery system with nicotine content greater than 35 milligrams per milliliter; provided, however, that this subsection shall not apply to Smoke Shops and Smoking Bars for on-site consumption only.
11. Retailers who sell Liquid Nicotine Containers must comply with the provisions of 310 CMR 30.000, Massachusetts Hazardous Waste Regulations.

D. CIGAR SALES

1. No person shall sell or distribute a single cigar unless such cigar is priced for retail sale at two dollars and fifty cents (\$2.50) or more.
2. No person shall sell or distribute any original factory-wrapped package of two or more cigars, unless such package is priced for retail sale at five dollars (\$5.00) or more.
3. This section shall not apply to a person or entity engaged in the business of selling or distributing cigars for commercial purposes.
4. The BOH reserves the right to amend these prices from time to time.

E. RETAIL TOBACCO PERMIT REQUIREMENTS

1. As part of the Tobacco Product Sales Permit application and renewal process, all applicants will be provided with these BOH Tobacco Regulations through the permitting system. Each applicant is required to electronically sign a statement declaring that they have read the Regulations and acknowledge responsibility for instructing all employees who will be involved in tobacco product sales on all applicable federal, state, and local laws, as well as these Regulations.
2. No permit holder shall allow an employee to sell tobacco products until the employee acknowledges, in writing, receipt of the Regulations , Ordinance, and applicable state , a copy of which will be placed on file in the office of the employer and made available to the BOH, or its designee, upon request.
3. Applicants shall provide proof of a current tobacco sales license issued by the Massachusetts Department of Revenue before a local permit may be issued.
4. Issuance of permits shall be conditioned on an applicant's consent to unannounced, periodic inspections of the retail establishment to ensure compliance with these Regulations and all applicable laws and regulations.
5. Permits shall be issued annually and shall be valid for one calendar year beginning on the first day of January and ending on the thirty-first day of December. Permits are renewable annually to the same permit holder each year by the thirty-first day of December, upon submittal of an application in compliance with these Regulations and the applicable Ordinance. Any permit holder that fails to renew a permit by the thirty-first day of December and continues to operate shall be subject to penalty and enforcement under these Regulations.
6. A separate permit is required for each retail establishment selling tobacco products.
7. Permits shall be displayed at the retail establishment in a conspicuous location and consistent with these Regulations.

8. Permit holders shall have no property interest in any permit issued hereunder.
9. A permit will not be renewed if the permit holder has outstanding fines, penalties or fees due to the city of Worcester for any reason unless such fines, penalties or fees are the subject of a lawful and pending legal appeal.
10. A permit will not be renewed or transferred if the permit holder has sold a tobacco product to a minor three (3) times within the previous twenty-four (24) months and any appeal periods have expired for any such violation.

F. MAXIMUM NUMBER OF TOBACCO PRODUCT SALES PERMITS

1. At any given time, there shall be no more than two hundred thirty-five (235) Tobacco Product Sales Permits, twenty-two (22) of which will be issued to Smoke Shops, and fifteen (15) of which shall be issued to Smoking Bars pursuant to Section 3(e) of Chapter 8 of the General Revised Ordinances and M.G.L c. 270.
 - a) There shall be no more than **twenty-two (22)** Smoke Shop Permits issued in Worcester.
 - b) **Density.** A new Retail Tobacco Product Sales Permit shall not be issued to an applicant within five hundred (500) feet of an existing Retail Tobacco Product Sales Permit or an existing public or private elementary or secondary school as measured in a straight line from the nearest point of the property line of the school to the nearest point of the property line of the retail establishment.
 - c) **Exemption.** Applications for a Retail Tobacco Product Sales Permit at a location which held a Retail Tobacco Product Sales Permit within the previous three (3) years as of the effective date of this Regulation shall be exempt from the Retail to Retail 500-foot buffer. This exemption is applicable to the Retail to Retail 500-foot density regulation. No other exemption of these Regulations, including of the 235 total Tobacco Product Sales Permit cap, shall be permitted.
2. **Transfer of Permits.**
 - a) Applicants who purchase or acquire an existing business that holds a valid Tobacco Product Sales Permit at the time of the sale or acquisition shall apply, within sixty (60) days of such sale or acquisition, for a transfer of the permit, in accordance with these Regulations and any applicable local and state rules and regulations.
 - b) Permits may be transferred incident to the relocation of a retail establishment by the existing permit holder. Permit transfer requests may be made in writing to the Worcester Division of Public Health with the requested change in license address. A new permit

may be issued if the new location complies with all requirements of these Regulations including density requirements, and any applicable state rules and regulations, including outstanding penalties, are satisfied in full.

3. Smoking Bars Regulated.

- a) There shall be no more than **fifteen (15)** Smoking Bar Permits issued in Worcester.
- b) Any permit holder, or new Applicant, who fails to renew/transfer their Permit, within sixty (60) days of the expiration, or purchase of a business, shall be treated as a first-time applicant.
- c) Density. A new Smoking Bar Permit shall not be issued to an applicant within five hundred (500) feet of an existing public or private elementary or secondary school as measured in a straight line from the nearest point of the property line of the school to the nearest point of the property line of the establishment.

G. INCORPORATION OF STATE LAWS AND REGULATIONS

The sale or distribution of the products defined herein must comply with those provisions found at General Laws, Chapter 270, §§ 6-7, and 27-29 and Chapter 112, §61A. Further, the sale or distribution of tobacco products must comply with state regulations including but not limited to those provisions found at 940 CMR 21.00, Sale and Distribution of Cigarettes, Smokeless Tobacco Products, and Electronic Smoking Devices in Massachusetts, 940 CMR 22.00 Sale and Distribution of Cigars in Massachusetts; and 105 CMR 665.00, Minimum Standards for Retail Sale of Tobacco and Electronic Nicotine Delivery Systems, and all applicable state, local and federal laws and regulations.

H. VIOLATIONS

Fines, Penalties and Enforcement Authority. Enforcement of this Regulation shall be by the Worcester Board of Health or its designated agent(s), including employees of the Department of Health and Human Services, the Worcester Police Department, and any authorized agent or officer of the city of Worcester on any public property, on any private property which is subject to a permit required by these Regulations or any private property which is open to public use.

This Regulation may be enforced by civil process, criminal process or by non-criminal disposition as provided in General Laws, Chapter 40, § 21D, and further, where applicable, as set forth in General Laws, Chapter 270, §§28 and 29. Every day, or part thereof, in which any person is in violation of these Regulations, or any applicable Ordinance, shall constitute a single and separate offense.

Permit Holders are required to comply with any and all local, state and federal laws and regulations and any violation of such shall be grounds for the BOH to modify, suspend or revoke a permit. In addition to the monetary fines and penalties described herein, any person who violates any provisions of these Regulations shall be subject to the

suspension, modification or revocation of the Tobacco Product Sales Permit issued by the BOH.

- a) Consistent with 105 CMR 665.055, the BOH may, after written notice to a Retailer, which notice shall contain the reasons therefore and establish a time and date for a hearing, modify, suspend or revoke a Tobacco Product Sales Permit, upon satisfactory proof that a violation of any law or regulation of the Board of Health, the city of Worcester, or of the Commonwealth has occurred. The Retailer shall have an opportunity to be heard at such hearing and shall be notified in writing of the BOH's decision and the reasons therefore in writing.
- b) For violations of the sections of these Regulations that incorporate G.L. c. 270, §§6, 28, 29 and 105 CMR 665.000, the following penalties shall apply:
 - i. In the case of a first violation, a fine of one thousand dollars (\$1,000.00) for a State Law violation shall be issued and, if the violation is the sale of a tobacco product to a Minor the Tobacco Product Sales Permit shall be suspended for three (3) consecutive business days;
 - ii. In the case of a second violation within thirty-six (36) months of the date of a previous violation, a fine of two thousand dollars (\$2,000.00) for a State Law violation shall be issued and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days;
 - iii. In the case of three or more violations within a thirty-six (36)-month period, a fine of five thousand dollars (\$5,000.00) for a State Law violation shall be issued and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.
- c) For all other violations specific to local regulations and ordinances, the following penalties shall apply:
 - i. In the case of a first violation, a fine of three hundred dollars (\$300);
 - ii. In the case of a second violation within thirty-six (36) months of a previous violation, a fine of four hundred dollars (\$400) and the Tobacco Product Sales Permit shall be suspended for 7 consecutive business days;
 - iii. In the case of three or more violations within thirty-six (36) months, a fine of five hundred dollars (\$500) and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.
- d) In the case of four (4) or more violations or repeated, egregious violations of these Regulations or any applicable local or state law or regulation, within a 36 month period, the BOH may hold a hearing in accordance with these Regulations and 105 CMR 665.000, and after such hearing, permanently modify or revoke the tobacco permit.

- e) Fraud, misrepresentation, false material statement, concealment, or suppression of the facts by a permit holder in connection with an application, or renewal, for a Tobacco Product Sales Permit shall be grounds for denial or revocation of a permit.
- f) Failure to cooperate or interfere with inspections pursuant to these Regulations shall result in the suspension of the Tobacco Product Sales Permit for thirty (30) consecutive business days.
- g) Any permit holder who engages in the sale or distribution of tobacco products during a suspension of the permit, or otherwise violates a condition of the permit issued by the Board of Health, or any applicable regulation, shall be subject to a suspension of the tobacco retail permit for up to thirty (30) consecutive days. Failure to remove all tobacco products during a suspension shall constitute a separate violation of this Regulation with each day constituting a separate offense punishable by a fine or penalty of \$300.

Effective Date:

Date of Adoption: _____, 2026

This regulation shall take effect on _____, 2026.

List of State Law vs. Local Policies and Regulations

POLICIES SUBJECT TO STATE LAW FINES

FINES FOR THE BELOW-LISTED STATE LAWS MAY BE ISSUED AFTER AN ADMINISTRATIVE HEARING BY THE BOARD OF HEALTH

- Tobacco and Vape Sales to persons under 21 (G.L. Ch. 270, §6)
- Flavored Tobacco Product Sales Restrictions (G.L. Ch. 270, §28)
- Penalties for sales to a person under 21 of Tobacco/Vape products (105 CMR 665.045)
- Local Tobacco Sales Permit suspension for a first violation for sales to a person under 21 of Tobacco/Vape products (105 CMR 665.040(d))
- Required Retailer Signage (105 CMR 665.015)
- Ban on Free Distribution (105 CMR 665.025)
- Ban on Self-Service Displays (105 CMR 665.010(B))
- Ban on Out-Of-Package Sales (105 CMR 665.030)
- Sales Without a Local Tobacco Product Sales Permit for Smoking Bars and Retail Tobacco Stores only (105 CMR 665.013(A))
- Failure to Check Identification of Purchaser (105 CMR 665.020)
- Nicotine Content in Electronic Nicotine Delivery Systems (G.L. Ch. 270, §29)
- Coupon Redemption (105 CMR 665.025)
- Child-Proofed Liquid Nicotine Containers Required (105 CMR 665.035)
- Failure to obtain manufacturer's non-flavored certification (105 CMR 665.010(E))
- Failure to obtain manufacturer's nicotine content certification (105 CMR 665.010(C))
- Admitting a person under the age of 21 into an Adult-Only Retail Tobacco Store (105 CMR 665.020(B))
- Other state laws

POLICIES SUBJECT TO LOCAL POLICY FINES

FINES FOR THE BELOW-LISTED LOCAL POLICIES MUST BE ENFORCED THROUGH AN APPLICATION FOR A CRIMINAL COMPLAINT

- Nicotine Free Generation / Sales to persons born on or after January 1, 2005
- Prohibition of the Sale of Blunt Wraps
- Ban on Smoking Bars
- Cigar Sales Regulated, including minimum sales price regulations.
- Tobacco Product Sales in Health Care Institutions as more broadly defined than in state law.
- Tobacco Product Sales in Educational Institutions
- Non-Residential Roll-Your-Own Machines Ban
- Display of MA Department of Revenue license(s)
- No Local Tobacco Sales Permit
- Retailer Density Minimums
- Transfer of Permit in Sale of Business
- Restricting the Nicotine Content of Oral Nicotine Pouches
- Restricting Oral Nicotine Pouches to Adult-Only Retail Tobacco Stores
- Other local policies