



The City of Worcester

WORCESTER BOARD OF HEALTH MEETING

Meeting Minutes

August 3, 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; Jennifer Bradford, Medical Director, HHS; Lee Hall, Director of Housing and Inspectional Services; Nick Antanavica, Commissioner of Inspectional Services; Cherry Tangri, Grant Manager; Amelia Houghton, Chief of Public Health Nursing; Kyle OConnor, Tobacco Prevention Specialist.

Staff Virtual:

Desiree Sutton, Business Manager; Jennifer Nakijoba, Chief of Community Health; Brenda Wright, Principal Clerk

Guest Present:

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

Board members introduced themselves: Michael Perotto, Patrick Lowe, Joseph Kahoro, and Chair Frances Anthes. Attendees present and virtual were also asked to introduce themselves

3. Announcements

The Chair reported that there were two sets of minutes to be approved: The last BOH minutes from June 1st BOH meeting and July 13th Tobacco Public Hearing.

4. Minutes of last meeting

The Chair called for a motion to approve the minutes presented.

Michael Perotto made a motion to approve the June 1 BOH minutes. This was approved unanimously by roll call vote, with Frances Anthes, Joseph Kahoro, Patrick Lowe, and Michael Perotto voting in the affirmative.

The Board then reviewed the minutes of the July 13, 2026 public hearing on the proposed tobacco regulations. Chair Anthes recommended the following amendments:

- Under the Summary of Written Public Comments, Item No. 2, removal of a repetitive sentence beginning, “The commentator also stated.”
- Under Item No. 3, insertion of the word “some” to reflect that Meryl’s Safe Haven expressed some support for the proposed regulations.
- On page six, within comments made by Cheryl Sbarra, Executive Director of the Massachusetts Association of Health Boards, addition of the word “unfavorably” to clarify that Worcester’s number of smoking establishments was being compared unfavorably with other Massachusetts communities.

The Chair requested a motion to approve the proposed amendments to minutes.

Patrick Lowe made a motion to approve the proposed amendments to the minutes. It was approved unanimously by roll call vote.

Fran then requested a motion to approve the public hearing minutes as amended.

Patrick Lowe made a motion to approve the public hearing minutes as amended. It was approved unanimously by roll call vote.

5. *Nursing and Communicable Disease Update:* Amelia Houghton, Chief PHN, DPH

- Amelia provided a brief overview of the report distributed in advance and noted that Dr. Jennifer Bradford would provide additional information on the current cyclosporiasis outbreak.
- Chair Anthes asked about increased West Nile virus activity. Amelia reported that Worcester’s risk level had increased to **moderate**, with 57 positive mosquito samples reported in the region during the week.
- She noted that the increase is typical for this time of year, particularly following heavy rainfall, and confirmed that mosquito surveillance, control, and spraying activities are ongoing.
- Public health recommendations included avoiding outdoor exposure at dawn and dusk, using mosquito repellent, treating clothing with insect repellent, and wearing protective clothing.
- Amelia clarified that the positive mosquito samples do not represent human cases. No human cases of West Nile virus have been reported at this time.

Dr. Jennifer Bradford Report

- Dr. Jennifer Bradford provided an overview of cyclospora and cyclosporiasis, noting that cases typically increase from May through August.
- She reported that the current outbreak is primarily affecting Midwestern states, with approximately 18 cases reported in Massachusetts, consistent with seasonal levels. Lettuce has been identified as a potential source.

- Dr. Bradford advised residents to thoroughly wash fresh produce and hands before handling food. Symptoms may include diarrhea, nausea, loss of appetite, weight loss, abdominal cramping, and bloating. She advised those experiencing persistent or severe diarrhea to consult a healthcare provider.

Michael Perotto asked whether certain areas of the city had higher levels of positive mosquito samples. Amelia advised that this information is available through the arbovirus reports and maps and agreed to distribute the weekly reports to Board members.

Additional information may be accessed online at:

[Fight the Bite | City of Worcester and Mosquitoes and Ticks | Mass.gov](https://www.mass.gov/mosquitoes-and-ticks)

<https://www.mass.gov/mosquitoes-and-ticks>

<https://www.cdc.gov/cyclosporiasis/outbreaks/07-26/investigation.html>

<https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-salmonella-eggs-july-2026>

or by scanning the QR Codes below.



Cyclosporiasis



Andes virus-related cluster.



Ebola Updates

The report can be accessed online at www.worcesterma.gov/public-health. The Board thanked Amelia and Dr. Bradford for their updates.

6. ***Tobacco Update*** – Kyle O'Connor, Tobacco Prevention Specialist, WDPH

- Kyle O'Connor provided an update on tobacco regulations, permits, retail education, and enforcement.
- He reported that updated tobacco regulations were approved July 13, 2026, and became effective July 15, 2026. One new tobacco sales permit has since been approved under the three-year grandfather provision.
- There are currently 221 permitted tobacco retailers: 12 smoking bars, 22 smoke shops, and 187 general retailers. The caps of 235 retailers and 15 smoking bars have not been reached.
- Retail education and enforcement activities are ongoing, including youth compliance checks and educational visits regarding the updated regulations.

Patrick Lowe requested an overview of retail education visits and youth compliance checks.

Mr. O'Connor explained that,

- All tobacco retailers will receive education visits covering updated local and state regulations, retailer responsibilities, and employee training record requirements.
- Education visits are ongoing and will take time to complete due to the number of retailers.

- Youth compliance checks are conducted at non-smoking tobacco retailers at least annually. Failed checks may result in fines or suspensions under the updated regulations.
- Smoking bars are subject to additional compliance requirements and are addressed in coordination with state and local Police.

The Board expressed appreciation to Kyle and the Division for the significant work completed in revising the tobacco regulations. They acknowledged the extensive process involved and noted that the updated regulations are intended to be clearer, more concise, and easier to implement.

Dr. Lowe suggested developing a tobacco regulation dashboard to provide ongoing transparency on licensing, approvals, transfers, violations, and enforcement. He recommended periodic Board presentations and potential public access through the Division's website.

Kyle responded that the Division is developing dashboards covering inspections, enforcement, community engagement, policy updates, and retailer information. The Board discussed using mapping to show retailer locations, clustering, and 500-foot buffer requirements. He agreed that mapping could help prospective retailers understand location requirements and said he'd bring the suggestion back to the team for consideration.

Motion – Tobacco Regulation Dashboard and Quarterly Reports

The Board discussed formalizing a request for quarterly tobacco regulation reports, consistent with reporting from other divisions. Reports would include licensing activity, mapping, enforcement, and other implementation updates.

Michael Perotto moved to support the development of mapping resources and quarterly reports related to the Tobacco Ordinance. The motion was approved unanimously by roll call vote, with Joseph Kahoro, Michael Perotto, Patrick Lowe, and Chair Frances Anthes voting in favor.

Chair Anthes noted that the tobacco reports will be incorporated into the Board's quarterly reporting structure and thanked Mr. O'Connor for his work.

7. *Presentation SAPHE 2.0: Presented by Cherry Tangri, Grant Manager for the Public Health Excellence Capacity Building Grant and Nick Antanavica, ISD Commissioner*

Before the presentation, the Chair thanked staff for the background guidance document and noted that several Board members had joined since the program's implementation approximately one year ago. Cherry, who leads the SAPHE 2.0 reporting process, explained that SAPHE 2.0 (State Action for Public Health Excellence) is a collaborative initiative between the Inspectional Services Department (ISD) and the Division of Public Health (DPH).

There was a brief delay at the start of the presentation due to technical difficulties with screen sharing. Once resolved, the presentation proceeded.

- Cherry Tangri explained that legislation signed in November 2024 made annual Blueprint for Public Health Excellence performance standards reporting mandatory for all 351 Massachusetts municipalities. She provided a brief history of the Blueprint, noting that a

special legislative commission was established in 2016 to evaluate the effectiveness and efficiency of local public health systems. In 2019, the commission issued recommendations in six areas: workforce development, data, performance standards, capacity building, sustainable funding, and cross-jurisdictional services. She also reviewed state public health grant programs, noting that the current Capacity Building Grant supports larger municipalities, including Worcester.

- She outlined performance standards for Boards of Health, including inspections, tobacco enforcement, environmental health, housing, food, pools, beaches, body art, epidemiology, and communicable disease investigations. Workforce standards address staff and Board training and credentials.
- Cherry said that Worcester has completed both required surveys and is following annual reporting requirements. The standards also help assess capacity, identify service gaps, and guide improvements. Cherry reviewed the Performance Standards Summary, which consolidates SAPHE 2.0 survey results across eight public health subject areas. The survey included 164 questions, with 151 applicable to Worcester. “Yes” responses indicated compliance, while “No” responses identified gaps and barriers such as staffing, training, funding, or lack of awareness. The results will help prioritize areas for improvement.

Board discussion on presentation

Board member Patrick Lowe requested clarification on the SAPHE 2.0 survey methodology. Ms. Tangri explained that the 164-question survey, with 151 applicable to Worcester, was completed collaboratively by subject matter experts and team leaders from DPH and ISD. Responses reflected staff consensus for each program area. The summary identified standards met and areas needing improvement, based on input from the respective program managers.

HHS Commissioner Seema Dixit clarified that questions for each subject area were answered by the respective program experts and reflected the work and practices of those areas. She said the survey is meant to assess Worcester’s public health capacity, staffing, training, and resources rather than simply determine compliance. She noted that the survey provides a consensus-based assessment that can help identify areas where additional state support is needed. Seema said that these findings will be discussed with the Massachusetts Department of Public Health Commissioner in September.

Cherry added that the survey also serves as a structured self-assessment that enables municipalities to identify operational strengths and gaps while informing requests for technical assistance and support from the Massachusetts Department of Public Health. She explained that a response indicating a need for improvement does not mean the Division has failed to perform a function or is non-compliant. She said similar assessment efforts have been conducted nationally, and that Massachusetts has implemented SAPHE 2.0 as a structured approach to evaluating and supporting local public health capacity. The reporting period for the survey covered the previous fiscal year, July 1, 2025, through June 30, 2026.

The Chair asked whether the SAPHE 2.0 assessment now evaluates Worcester independently, noting its previous participation in a regional public health structure. Cherry confirmed that the current assessment focuses on Worcester's local public health capacity and performance standards.

The presentation can be accessed online at www.worcesterma.gov/public-health

8. ***Inspectional Services Update:*** *Nicholas Antanavica, ISD Commissioner*

SAFE 2.0 Data Tracking and Inspection Activity Report

- Nick provided an update on public health activity tracking in coordination with SAPHE 2.0. In collaboration with DPH support, health inspectors began using digital daily tracking sheets in January to document inspection activities. He presented first- and second-quarter results, noting that the data will support reporting, compliance, training, and identification of Worcester-specific public health trends.
- He presented housing inspection data, including inspection categories, complaints, and outcomes. More than 4,000 inspections were completed during the first two quarters, resulting in approximately 6,300 category placements. Common issues included nuisance conditions, particularly trash and overgrowth. Staff are refining the data presentation to account for duplicate entries and multiple violations.
- Nick noted that collecting and analyzing inspection data will support data-driven decisions, policy development, and presentations to the Board and City Council. He also discussed developing heat maps to identify geographic trends and target outreach, education, grants, and resources to areas with identified needs.
- Nick explained that the inspection data will establish a baseline as the City transitions to a risk-based inspection program. The data will help evaluate inspections, complaint trends, response methods, and enforcement strategies. He also reviewed air, water, and hazardous waste inspection data, highlighting seasonal trends such as beach and summer camp inspections, water testing, and increased sewer and discharge issues following heavy rainfall.

The Chair expressed appreciation to Nick for the report

Board questions/comments on presentation

1. Michael Perotto asked about the timeline for addressing trash and nuisance complaints, using an overflowing dumpster as an example. Nick explained that while complex cases may take six to nine months, most are resolved sooner, typically within approximately three months.
2. Patrick Lowe highlighted the value of distinguishing routine from complaint-driven inspections. He noted that analyzing and mapping the data could support a more proactive approach to public health and inform decision-making in areas such as tobacco regulation. He expressed appreciation for the development of the data system.

3. Fran asked whether the inspection data provided a baseline for comparison with previous years. Nick clarified that the data establishes a baseline for new processes and permitting systems, while historical data remains available for comparison. He noted that the existing CSRS system is outdated and lacks the capacity to support current reporting needs.
4. Fran asked about staff adaptation to the new processes. Nick acknowledged a learning curve, including challenges with the rental registry technology. He said the Department is improving technology platforms and providing additional training and support to staff. He noted that SAPHE 2.0 will help identify workforce training needs.
5. Dr. Lowe requested clarification on the risk-based food licensing system. Commissioner Antanavica explained that establishments are categorized based on food type, preparation methods, establishment type, and compliance history. Lower-risk establishments receive fewer inspections, while higher-risk establishments may receive up to four annually. Risk categories, inspection frequency, and fees may change based on compliance history.
6. Michael Perotto asked whether nail salons fall under the Department's jurisdiction. Nick clarified that nail salons are regulated and licensed by the Commonwealth and are subject to state inspection.

Upcoming Data Reporting Initiative

Nick reported on ISD's collaboration with DPH to improve inspection data collection and analysis. A digital reporting system now allows inspectors to document inspections, nuisance conditions, and code violations electronically. Preliminary findings on inspection activity and trends are expected to be presented at the next Board meeting.

The Board thanked ISD and DPH staff for their efforts in implementing the new processes and noted that improved data collection will support public health decision-making and program improvements. The Chair thanked ISD staff for the update and their continued collaboration with DPH.

9. Commissioner's Report— Seema Dixit, HHS Commissioner

Commissioner Seema Dixit thanked Commissioner Nick and Director Lee for presenting the data. She also highlighted the strong collaboration between DPH and ISD.

- Commissioner Dixit provided an update on the Unhoused Committee, a monthly collaboration of organizations serving individuals experiencing homelessness. The group is developing a strategic framework focused on shelter capacity, outreach, service connections, and care coordination. Further updates will be provided as the work progresses.
- Commissioner Dixit highlighted the City's Community Resource Asset Mapping (CRAM) initiative, which identifies shelters, sober housing, social services, and other community resources. The resource identifies shelters, sober housing, social services, and other community support throughout the city. She noted that the goal is to develop the resource

into a live dashboard to help residents and service providers locate available resources, including food pantries, shelters, temporary housing, and other supports. CRAM is available through the City of Worcester Health and Human Services website.

- Commissioner Dixit provided an update on Worcester's opioid abatement funding, which comes from national pharmaceutical settlements and is distributed based on factors such as population and opioid-related impacts. Worcester has received annual funding since 2023, with allocations expected through 2039.
- She announced an upcoming Opioid Stakeholders Meeting scheduled for August 19, 2026, intended to establish ongoing engagement with community partners and stakeholders. Discussion topics will include the use of opioid abatement funds, opioid overdose trends, reductions in overdose fatalities compared with state and national data, evidence-based practices, and strategies for future prevention efforts. The information gathered will help inform future priorities and potential requests for proposals related to opioid prevention and overdose response. She encouraged Board members and interested parties to participate in the stakeholder meeting due to the importance of opioid prevention as a public health issue. This will be held August 19, 2026
- Commissioner Dixit announced an International Overdose Awareness Day event at City Hall on August 31, 2026. The event will honor lives lost to opioid overdose and include public health data, a moment of silence, and remarks from individuals with lived experience.
- Commissioner Dixit provided an update on the Division of Youth Opportunities' summer camp program, which runs for six weeks from July through mid-August and is serving approximately 480 youth ages 7–12. This is an annual initiative supporting Worcester youth.

10. *Community HealthLink Update on closing*

- The Commissioner reported that DPH continues to receive updates from community partners regarding healthcare access concerns. The Department is participating in coordination efforts to connect residents at risk of losing coverage with available resources, including pro bono legal assistance. She explained that while DPH is not directly leading this effort, the Department continues to participate in coordination calls and remains informed.

Board questions

Board member Michael Perotto asked about the impact of the Community HealthLink merger on employees and services. Commissioner Dixit reported that the merger has resulted in some staff reductions and voluntary departures due to organizational uncertainty. She noted that DPH continues to monitor the situation and the impact on caregivers and service providers. Michael requested additional information on the CHL transition, including staffing, service continuity, and affected programs. Commissioner Dixit noted that the Board could request an update from CHL

leadership and that she had discussed having the CHL President attend a future Board meeting. She suggested an update may be more appropriate once the transition is finalized.

Commissioner Dixit reported that she has been in communication with the acquiring organization, PHN, and expects representatives to address the Board after the transition to discuss services and plans. The Board emphasized the need for clarity on service continuity and the transfer of funding and state contracts. Commissioner Dixit explained that CHL notified the state of its planned closure and that the transition involves coordination with the state regarding contracts, programs, staffing, union matters, and regulatory requirements.

Michael emphasized the importance of maintaining service continuity during the CHL transition and considering the impact on affected employees. He expressed hope that displaced CHL staff would be considered for available positions with successor organizations.

Michael Perotto requested in the form of a motion, that the Board continue to receive Status update on Community Health Link and its ongoing transition.

Michael Perotto moved that the Board receive updates on the status and transition of Community Health Link (CHL) and invite CHL leadership to a future Board meeting to discuss the transition, continuity of services, and its impact on clients and staff.

The motion was approved by a unanimous vote.

Patrick Lowe thanked staff for developing the community resource dashboard and noted its value for healthcare providers, particularly those assisting patients with social service and housing needs. He asked whether the dashboard would include details on available services. Commissioner Dixit explained that the dashboard currently provides some service information and is being enhanced while maintaining privacy requirements. She noted that sensitive resources, such as domestic violence shelters, cannot be publicly identified. Staff are working with agencies to determine appropriate information to share and improve connections to services.

Dr. Lowe asked about the administration of the City's opioid abatement funding. Commissioner Dixit explained that the Health and Human Services Department receives and administers the funds on behalf of the City. She noted that she had not yet received the current funding cycle but provided background on prior allocations. She reported that the previous funding round included nine mini-grants of approximately \$50,000 each to community organizations. The grants supported opioid prevention and response efforts, including overdose prevention, Narcan distribution, harm reduction, shelter support, and other services. One grant supported Community Health Link's mobile shower program for individuals experiencing homelessness.

Commissioner Dixit reported that two larger grants were also awarded, including funding for a substance use treatment center that remains in development pending required processes and documentation. She noted that the August 19 stakeholder meeting will review prior investments, progress, evidence-based practices, and future priorities to inform an RFP anticipated for late October or November. The meeting will be recorded, and materials will be shared with Board members unable to attend.

Concerns Regarding TPS and Immigration Impacts

Fran raised concerns about potential changes to Temporary Protected Status (TPS) and their impact on Worcester residents, families, and essential workers. She asked about City plans to support affected residents and emphasized the need for community preparedness. She emphasized that the issue extends beyond individual cases, noting that many affected individuals are long-term Worcester residents who have lived, worked, and contributed to the community for years. She asked how City leadership plans to address the potential impacts. Commissioner Dixit responded that the City and community partners have discussed available resources, including pro bono legal assistance. She noted that she did not have details on the City's broader response plan but recognized the potential impact on the Worcester community and the importance of addressing these potential impacts on vulnerable residents.

Dr. Lowe noted that the issue could have broader community impacts, including disruptions to healthcare, social services, and other essential sectors, as well as effects on individuals and families.

Dr. Lowe introduced a second motion.

Dr. Lowe moved that Commissioner Seema Dixit, in collaboration with City administration and community partners, provide a future report to the BOH on the City's planning and response to potential community and public health impacts associated with changes to Temporary Protected Status (TPS). The report would include available information on preparedness, contingency planning, support for affected residents, and continuity of essential services.

It was unanimously approved by the Board.

The Chair noted that, as City Council is again considering the CRB issue, the Board should revisit its previous discussions and position from 2020 and 2021.

Fran made a motion to include a discussion of the Civilian Review Board as an agenda item for the next Board meeting.

The motion was approved unanimously with a (4-0).

The Chair asked the Commissioner to obtain and distribute the 2020-2021 meeting minutes related to the CRB discussions. She said the Human Rights Commission had also been involved and may have previously taken a position. She suggested inviting the Human Rights Commission Chair to a future meeting to provide background and its current perspective. The Board agreed that this would be helpful.

Mike Perotto raised a procedural question regarding the appointment of Human Rights Commission members and suggested confirming with the City Manager before inviting a representative to participate, noting its complexity and the City Council's current discussions. He supported revisiting the Civilian Review Board.

The Chair requested a motion to communicate with the City Manager regarding the Board's interest in revisiting the Civilian Review Board.

The Chair moved that staff communicate with the City Manager to inform the Administration of the Board's interest in engaging with the Human Rights Commission regarding the Civilian Review Board. The discussion would provide perspectives from other city boards and commissions as the Board revisits its prior position.

The motion was unanimously approved.

11. Next Meeting Date & Topics

Next Meeting: September 14, 2026

Topics:

- Update on the status and transition of Community Health Link.
- Temporary Protected Status (TPS)R: The city's plan and response to community and public health impacts associated with the changes.
- Discussion regarding the Civilian Review Board (CRB).

12. Adjournment

A motion to adjourn was made by Michael Perotto. The motion passed unanimously.

The meeting adjourned at 8:00p.m.

NB: The BOH meeting for September 14, 2026, was adjourned without deliberations due to technical difficulties. It is rescheduled for Wednesday, September 30, 2026, from 6:30pm-8:30pm.



The City of Worcester

Department of Health and Human Services

Division of Public Health

Board of Health Monthly Nursing Communicable Disease Report

Report Date: August 3, 2026

Reporting Period: May – July 2026

Contents of Report:

Brief Overview of Communicable Disease Trends	2
Seasonal Education and Resources	3
Emerging Infectious Diseases: Update.....	3
End of Report.....	4

1. Brief Overview of Communicable Disease Trends

The following section provides an overview of trends in case counts observed between May 2026 and June-July 2026 (Table 1).

Note-

Overall, the period reflects declining influenza activity, rising bacterial respiratory and hepatitis cases, and emerging increases in certain foodborne and vector-borne conditions.

Category	Condition	May 2026	Jun-Jul 2026	Change
Respiratory	Influenza (Flu) (viral)	36	6	-30
	Novel Coronavirus (COVID-19) (viral)	7	13	+5
	Streptococcus Pneumonia (bacterial) (coughing, sneezing or direct contact with secretions)	0	1	+1
	Group A Strep (bacterial or direct contact with wounds)	3	7	+4
	Group B Strep (bacterial) (usually affects newborns and adults with chronic diseases)	0	2	+2
Foodborne Illness	Cyclosporiasis (parasite) (food or water that has been contaminated with Cyclospora oocysts)	0	1	+1
	Salmonellosis (bacterial) (contaminated food and water or direct contact through fecal-oral route)	0	3	+3
	Norovirus (viral) (contaminated food or utensils)	1	1	0
	Campylobacteriosis (bacterial) (also by animal feces contact)	1	1	0
Vector Borne	Human Granulocytic Anaplasmosis (HGA) (bacteria are spread to people by tick bites)	0	1	+1
Hepatitis	Hepatitis A	0	0	0
	Hepatitis B	6	10	+4
	Hepatitis C	0	10	+10
Travel	Malaria (parasites transmitted through mosquitos)	1	1	0

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. Seasonal Education and Resources

Mosquito, Tick, and Animal-Related Illness Prevention

Learn about mosquito bite prevention, rabies, ticks, Lyme disease, and how to safely remove a tick under City of Worcester website Worcesterma.gov

[Fight the Bite | City of Worcester](#) and [Mosquitoes and Ticks | Mass.gov](#)

The CDC continues to post multiple travel health notices for mosquito-borne diseases. For a complete list of **Travel Health** notices visit:

[Travel Health Notices | Travelers' Health | CDC](#)

3. Emerging Infectious Diseases: Update

Ebola — Current Situation & Massachusetts Impact

- The ongoing Ebola outbreak is in the Democratic Republic of Congo and Uganda, caused by the Bundibugyo strain.
- No cases have been detected in the United States, and the CDC states the risk to the American public is very low.
- **Massachusetts impact:** No cases, no specific travel-related alerts beyond general CDC guidance.
- <https://www.cdc.gov/ebola/index.html>

Hantavirus — Current Situation & Massachusetts Impact

- A recent cluster of **Andes virus–related hantavirus** occurred on an international cruise ship.
- No U.S. cases of Andes hantavirus have been detected, and CDC declares risk to the public as extremely low.
- Routine U.S. hantavirus (Sin Nombre–related) continues at low levels (24 cases nationally this year), none linked to MA.
- **Massachusetts impact:** No known cases or exposures.
- https://www.cdc.gov/hantavirus/media/pdfs/2026/05/Andes-Virus-Guidancet_May14.pdf

Cyclosporiasis Outbreak — Current Situation & Massachusetts Impact

- The U.S. is experiencing a large multistate Cyclospora outbreak, with thousands of cases nationwide.
- A major outbreak is tied to iceberg lettuce (Taylor Farms), which was distributed in Massachusetts.
- Massachusetts reports normal seasonal levels (~18 cases early season), not showing a large surge like the Midwest, but **recalled lettuce DID reach MA food service locations.**
- <https://www.cdc.gov/cyclosporiasis/outbreaks/07-26/investigation.html>

Egg Recall — Salmonella & Massachusetts Impact

- Over **19 million eggs** recalled due to Salmonella Enteritidis contamination, tied to Texas-based producers.
- Distribution includes TX, OK, LA, AR, NM, MS, but **NOT Massachusetts**.
- **Massachusetts impact:** No affected shipments reported; MA stores were **not included** in FDA recall distribution lists.
- <https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-salmonella-eggs-july-2026>

To Scan QR codes:

Scan for official U.S. updates on Ebola activity and risk.



Scan for current CDC guidance and U.S. risk regarding the recent Andes virus–related cluster.



Scan for Cyclosporiasis case counts, outbreak investigations, and prevention tips.



Scan for details on the egg recall, affected brands, and safety guidance.



END OF REPORT



The City of Worcester

Department of Health and Human Services

Division of Public Health

SAPHE 2.0 and Performance Standards (State Action for Public Health Excellence)

Presented by: Cherry Tangri
Grant Manager, PHE- Capacity Building
August 03, 2026

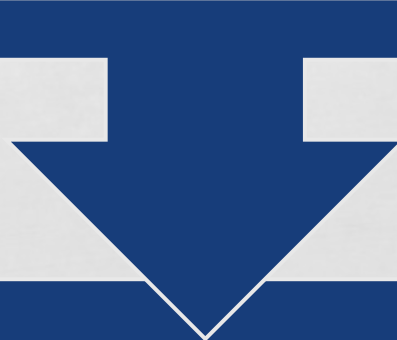
SAPHE 2.0

State Action for Public Health Excellence Legislation

The new Law: SAPHE 2.0 codifies the "*Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections*"- mandatory & required by law

Signed under the law which makes it a requirement for all **351 municipalities to participate and report on compliance with performance standards.**

Achieving all performance standards is critical for equitable delivery of health services across our state.



Guidance available: SAPHE 2.0 Guidance Document *Mass.gov*

SAPHE 2.0

Blueprint for Public Health Excellence

Workforce
Development

Data

Performance
Standards

Capacity
Building

Sustainable
Funding

Cross
Jurisdictional
Services

SAPHE 2.0

PHE Grant

Shared services among 2 or more municipalities tied by an agreement referred to as the Inter Municipal Agreement (IMA). E.g. CMRPHA

Public Health Excellence for Capacity Building

Also, known as the Local Public Health in MA Cities with Populations over 150,000

This funding is designed to align the commission's recommendations to improve the effectiveness and efficiency of local and regional public health and to increase capacity to meet established performance standards.

Centered in equity, the Grant recipients receive funding and technical support including racial equity training and considerations, sustainability planning, networking opportunities, and connections to state and federal resources to help them reach their goals and the needs of their local communities.

SAPHE 2.0

Boards of Health Requirements

1. Meet performance standards
 - Inspections
 - Tobacco Compliance
 - Environmental Health (Pool, beaches, housing, food, body arts etc.,)
 - Epidemiology and communicable disease investigation and reporting
 - Local permitting
 - Tobacco permitting
 - Environmental Health (Pool, beaches, housing, food, body arts etc.,)
2. Workforce development
 - Education, training and credentialing

Submit report by August 31 each year showcasing compliance with the performance standards



SAPHE 2.0

MDPH and DEP Requirements

- Develop a system for increased standardization, integration, unification of public health reporting.
- Provide training opportunities and technical assistance to BOH and staff.
- Hold 3 public hearings for SAPHE 2.0 by November 2025.

Performance Standards

WHAT are Performance Standards?

- PS defines the requirements that every local and regional public health department in MA are expected to follow.
- Published to meet the recommendations from 2019

Purpose

- Annual reporting requirement
- Review's the municipality's ability to meet the performance standards
- Planning tool for Local public health
 - review current capacity
 - identify gaps (staffing, training, or resources)

ALL PERFORMANCE STANDARDS SUMMARY

total of 164
S,
applied to the
Forcester

Subject Area	Meets Performance Standards	Does not Meet Performance Standards				
	Yes	No - more staff required	No - additional training required	No - lack of funding (not staffing related)	No - I was not aware of this requirement	Percent of Applicable Questions answered "Yes" (Yes/Applicable)
Administration	13	0	6	0	1	65%
General EH	40	2	2	0	5	82%
Food Safety and Enforcement	12	2	2	0	0	75%
Housing	16	0	1	0	0	94%
Waste Management	4	0	2	0	1	57%
Water	8	0	0	0	0	100%
Disease Control and Prevention	13	0	4	2	2	62%
Tobacco Use Prevention	13	0	0	0	0	100%

Performance Standards

Gaps identified and Areas for improvement

1. Disease control and prevention
2. Administration
3. General Environmental Health (Nuisance, Recreational camps)
4. Food Enforcement

Action Steps

- Items 1 and 2 involve different topic areas. Plan and next steps TBD in consultation with MDPH
- Items 3, 4 will be implemented through the PHE CB workplan

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



THANK

EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



YOU!