



The City of Worcester

WORCESTER BOARD OF HEALTH MEETING

Meeting Minutes

September 30, 2026

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

Welcome

Board Members Present:

Chair-Frances Anthes, Dr. Patrick Lowe

Board Members Virtual

Michael Perotto, Joseph Kahoro

Staff Present:

Alex Arriaga, HHS Assistant Commissioner; Jennifer Bradford, Medical Director, HHS; Nick Antanavica, Commissioner of Inspectional Services; Kyle OConnor, Tobacco Prevention Specialist.

Staff Virtual:

Seema Dixit, HHS Commissioner; Desiree Sutton, Business Manager; Altagracia Soto, Public Health Prevention Specialist DPH; Brenda Wright, Principal Clerk;

1. Call to Order

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

2. Welcome and Introductions

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

3. Announcements

- i. The Chair announced that there were still ongoing technical issues streaming on the Teams platform, and online participants were asked to enable closed captions to assist in their virtual experience.
- ii. The Chair announced that the City Council Standing Committee on Public Health and Human Services invited members of the Board to participate in its August 24 meeting to discuss youth exposure to tobacco, particularly vaping, following topics raised during the Board's public hearing.

Dr. Patrick Lowe and the Chair, Frances Anthes attended the meeting. Dr. Lowe reported that the discussion focused on youth vaping and potential opportunities to mitigate and reduce its impact on the city. He said the importance of cross-departmental and citywide collaboration in addressing

youth vaping, extends beyond the Board's regulatory and enforcement authority. He said currently, no formal initiatives were announced; however, discussions with the City Council, community members, and other City departments are expected to continue.

4. Minutes of last meeting

The Chair requested approval of the minutes from the September 18 meeting.

Patrick Lowe made a motion to approve the September 18 BOH minutes which was approved unanimously by roll call vote, with Joseph Kahoro voting yes, Patrick Lowe- yes, and Frances Anthes-yes.

5. Tobacco Retailer Hearing

Kyle O'Connor, Tobacco Prevention Specialist, presented a violation involving Olympic Wine and Spirits, located at 345 Grafton Street, Worcester, for the sale of flavored cigars to a youth during a compliance inspection. The retailer failed to properly verify the purchaser's age and identification, in violation of the City's tobacco regulations.

The Board was informed that this was the retailer's first violation within the applicable 36-month period. Kyle recommended a \$1,000 fine and a three-day suspension of the tobacco sales permit, in accordance with the City's regulations.

The violation occurred on July 24, and the retailer was notified of the hearing scheduled for September 30, providing an opportunity to appear before the Board and respond to the violation before the Board considered the recommended enforcement action.

Retailers Response

Mr. William Krisity, the retailer, provided an explanation of the transaction and accepted responsibility for the violation. He described the incident as an isolated employee error that did not reflect the store's normal business practices. He explained that the employee was distracted by another matter during the transaction, recognized her mistake, and did not intentionally sell tobacco products to an underage customer.

Mr. Krisity noted that tobacco products account for less than one percent of the store's total sales and are offered primarily as a convenience to customers. He stated that the store carries a limited selection of basic tobacco products and has held its tobacco license for 17 years, during which it has sought to operate responsibly and comply with applicable requirements.

He expressed concern that the proposed enforcement action was disproportionate to the circumstances, arguing that an inadvertent employee error should be distinguished from intentional or repeated violations. He also questioned whether the penalties were equitable when compared with those imposed for other serious violations, including the sale of illegal or prohibited products to younger customers. Additionally, he raised concerns about the differences between state and local requirements and whether the current enforcement approach adequately accounted for the circumstances faced by retailers.

Mr. Krisity acknowledged the seriousness of tobacco violations but argued that a three-day suspension could place the business at a disadvantage and potentially direct customers to other retailers. He respectfully requested that the Board reduce the proposed suspension to a warning.

Board's Discussion and response

The Chair explained that the intent of the Board of Health's new tobacco regulations was to establish clear and strict requirements for addressing individuals and establishments that are violators. She noted that, while enforcement is an important component of the regulations, education and outreach are also necessary to ensure that tobacco retailers understand the new requirements and how they apply to their businesses.

The Chair stated that Kyle is currently developing an educational process to support implementation of the new regulations. She acknowledged that simply posting or distributing new regulations does not always ensure that everyone has reviewed or fully understands them. As part of the educational process, Kyle will conduct visits with tobacco retailers to provide information, clarify the requirements, and help ensure compliance. The Chair indicated that these visits are expected to begin soon.

Patrick Lowe

Dr. Lowe thanked the speaker for attending the hearing and expressed well wishes for his continued recovery. He clarified that the tobacco regulations adopted over the summer did not change the legal age of sale and did not create new financial or suspension penalties that were not already in place. He noted that the violation discussed at the hearing would have constituted a violation both before and after the adoption of the new regulations.

Dr. Lowe emphasized that education and outreach are important components of the regulations and clarified that the Board's intent was not to impose unnecessarily severe consequences for a first violation, jeopardize a business owner's livelihood, or encourage the termination of an employee over a single incident. He reiterated that the primary goals are to promote education, compliance, and proper implementation of the regulations.

He also acknowledged concerns raised regarding practices of other tobacco retailers and encouraged the speaker and other business owners to share information about potential violations or practices that may not be readily visible to City staff. He stated that staff and the Board welcome additional feedback and information regarding such concerns and could consider whether further actions or measures may be appropriate in the future.

Joseph Kahoro

Joseph echoed the remarks made by his fellow Board members; he expressed sympathy regarding the difficulties the speaker had experienced and reiterated that the primary purpose of the regulations is to establish clear guidelines and requirements. He emphasized that the regulations were not intended to create undue hardship and expressed confidence that the concerns raised would be addressed and resolved.

The Chair acknowledged that the Board's new tobacco regulations were controversial in several respects during the development and adoption process. She stated that the Board has asked staff to closely monitor the implementation of the regulations and to provide timely feedback regarding their impact.

She thanked the speaker for attending the hearing and providing feedback and encouraged him to continue communicating with Kyle regarding his concerns and observations. She emphasized that the Board intends to closely monitor the implementation of the regulations and their effects on the community.

Board Action

The Chair called for a motion on the recommendation from staff that the fine for a first violation as outlined in the regulations (a \$1,000 fine and a 3-day suspension of the tobacco sales permit), be upheld.

Patrick Lowe made a motion to uphold the violations as reported. The votes were recorded as follows:

Patrick Lowe – yes

Joseph Kahoro – Yes

Frances Anthes – yes, carried unanimously.

6. *Nursing and Communicable Disease Update:*

Presented by Dr. Jennifer Bradford, HHS Medical Director.

- The Board received a communicable disease update, including a discussion of recent COVID-19 activity. The update noted an increase in COVID-19 cases between July and August, with current activity described as moderate.
- The Board also received an update on the work of the Division of Public Health nurses in the community. Nurses continue to conduct vaccination clinics and provide vaccinations to community members.
- The importance of providing accessible vaccination services to the community was emphasized, particularly in helping to prevent severe illness. The Board expressed appreciation for the nurses' continued efforts to provide vaccination services and outreach in the community.

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

7. *Kratom Products Overview and Temporary Ban*

Presenters: *Dr. Jennifer Bradford, HHS Medical Director, and Nick Antanavica, ISD Commissioner.*

The presentation provided an overview of kratom, its potential health risks, and public health measures implemented to protect the public. Dr. Bradford provided historical context, noting that kratom has been used for centuries in traditional medicine to address various health concerns. She discussed growing concerns regarding its health effects and its use by individuals seeking to manage withdrawal symptoms.

Dr. Bradford explained that kratom products are sometimes marketed as alternatives to medications and are available over the counter. However, their ingredients and concentrations may vary significantly, potentially resulting in inconsistent effects and adverse health outcomes among consumers.

Dr. Bradford discussed potential adverse effects associated with kratom use, including withdrawal symptoms, nausea, and dizziness.

- Potential Risks and Interactions

Concerns were raised regarding the use of kratom in combination with other substances, including opioids, benzodiazepines, and alcohol. Dr. Bradford explained that combining kratom with these substances may increase the risk of serious adverse effects, including respiratory depression and overdose. She also noted that kratom may interact with medications used to treat other health conditions.

The potential risks were described as particularly concerning for individuals with underlying heart or respiratory conditions and those taking multiple medications. Dr. Bradford emphasized the importance of raising awareness about kratom use, potential drug interactions, and the risks associated with combining kratom with other substances. Reported adverse effects may include withdrawal symptoms, psychosis, delusional thinking, itching, seizures, and hallucinations.

- Federal Action and Public Health Considerations

Dr. Bradford emphasized the risk of overdose associated with kratom use, particularly when combined with other substances, and noted the need for further research into its health effects and community impact. She reviewed the DEA's temporary federal order, effective August 2026 for up to one year, restricting three synthetic kratom-related substances. These are Mitragynine Pseudoindoxyl, Dihydro-7-hydroxymitragynine (also known as MGM-15) and Dihydro-7-hydroxymitragynine (also known as MGM-15). She also referenced Massachusetts Department of Public Health guidance and noted that kratom had not previously been subject to specific local regulation.

- Treatment

Dr. Bradford discussed how kratom restrictions may affect individuals who have developed a dependence on the substance and emphasized the need for appropriate support and treatment resources for the public and healthcare providers. She also highlighted overdose prevention resources, including Narcan (naloxone), which is available without a prescription.

- Enforcement and regulatory considerations.

The Chair asked how the federal action relates to the City's regulations. Dr. Bradford clarified that the federal action targets certain synthetic kratom substances, while Worcester's regulation covers both synthetic and naturally occurring kratom products. Nick noted that kratom is sold over the counter in various forms, including powders, capsules, and beverages, at smoke shops, gas stations, and other retail locations.

- Implementation and Enforcement

Nick Antanavica, ISD Commissioner, explained that the Division worked with state partners to quickly notify food and tobacco license holders of the new requirements. Follow-up inspections found that most establishments notified had removed prohibited products, while others were given approximately one week to comply. He reported limited resistance from retailers.

The Division also provided guidance on handling prohibited products, including storage, transfer to another state where permitted, or surrender to local law enforcement. No products had been reported received by local police at the time of the presentation.

The Division will continue monitoring compliance, with potential enforcement actions, including fines, for violations identified after the compliance period.

Board Discussions

Dr. Lowe asked how the city addresses unlicensed tobacco sales outside the Board's established licensing and enforcement structure. The commissioner explained that the Department meets weekly with the Licensing Commission and a Police Department representative to coordinate concerns involving licensed and unlicensed establishments.

Dr. Lowe emphasized the need for interdepartmental coordination to ensure prohibited products are removed. Nick reported that several establishments had returned products, including one large retailer that received approximately 1,500 cases shortly before the announcement and was arranging their return. Dr. Lowe commended the federal, state, and local response and highlighted the public health risks associated with unregulated products, including overdose and withdrawal.

Dr. Bradford stressed the importance of public education in terms of the potential dangers of unregulated products, noting that over-the-counter availability may lead consumers to assume they are safe.

Fran also asked how the city identifies and addresses unlicensed establishments, and how existing regulatory functions could support enforcement efforts. Nick explained that the Department is conducting outreach to gas stations, smoke shops, convenience stores, and other establishments, regardless of whether they hold a tobacco license. He noted that the product is prohibited and cannot be kept on shelves, and that establishments are being advised to remove it. He further stated that enforcement has progressed to the punitive stage when violations are identified and encouraged establishments with questions to contact DPH or Inspectional Services for assistance with compliance.

The chair thanked Dr. Bradford and Commissioner Antanavica for an informative presentation. The presentation can be accessed online at www.worcesterma.gov/public-health

8. *Community HealthLink Update-* Seema Dixit, HHS Commissioner

The Commissioner provided an update on Community Health Link (CHL), noting that community listening sessions had been held and that CHL had met with other behavioral health providers to

discuss the transition plan. Detoxification beds had transitioned to other levels of care, and remaining services had been assumed by other agencies. She will continue updating the Board as information becomes available.

Fran asked whether patients might experience gaps in care or be unaware of where to access services during the transition. Seema responded that it was too early to assess the impact but anticipated receiving additional feedback on patient experiences and access challenges within the next 30 to 60 days. The Chair thanked her for the update.

9. City's Efforts on Un-Housed Population - Seema Dixit, HHS Commissioner and Alex Arriaga, Assistant Commissioner, HHS

The Board requested an update on the City Council's recent discussion of the City's homelessness strategic framework, "Disrupting the Cycle." Seema provided an overview of the framework, noting that the Health and Human Services team has worked with community partners through a monthly homelessness steering committee for approximately 15–17 months to review data, identify service needs, and improve coordination.

The framework emphasizes data sharing, coordination among service providers, and training for outreach staff to ensure consistent engagement and connections to appropriate services. Seema also discussed a proposed encampment ordinance that would involve identifying encampments, conducting repeated outreach, providing notice, and connecting individuals with available services before removal to address public health and safety concerns.

She added that the City is developing a centralized database to track service utilization, identify gaps, and improve coordination among providers. The framework aims to strengthen service delivery and improve outcomes for individuals experiencing homelessness.

Board's response

Joseph Kahoro acknowledged the sensitivity of homelessness and commended the City's efforts to streamline services and address the issue.

Fran asked about the number of individuals experiencing homelessness in Worcester and available shelter capacity. Seema explained that estimates vary due to the changing population and methods of data collection. She reported approximately 60–65 individuals experiencing chronic homelessness, with an estimated 200–250 individuals experiencing homelessness on a given day. She noted that the City has approximately 200 shelter beds, but individuals require different levels of support, including shelter, clinical care, detoxification, addiction services, and specialized housing.

Seema described the City's efforts to map available resources and use outreach and encampment assessments to identify service needs and gaps in care. The Chair requested continued updates to clarify the discrepancy between homelessness counts and available shelter capacity, particularly regarding the availability of placements if encampments are removed.

Alex clarified that the previously cited figure of 1,200 represented a county-level count, not Worcester alone. He noted that the City's most recent point-in-time count identified approximately 60–120 unsheltered individuals, while the total sheltered and unsheltered population was generally in the 300s. He emphasized that homelessness fluctuates throughout the year as individuals enter and exit the system.

Alex added that the City is focused on maximizing existing resources and connecting individuals with appropriate housing, shelter, clinical care, and behavioral health services. Fran requested that the Board continue to receive updates.

10. Temporary Protected Status (TPS): *The city's plan and response to community and public health impacts associated with the changes.*

The Board requested an update on the City's response to changes affecting individuals with Temporary Protected Status (TPS). Seema reported no significant new data and noted that the Mayor, City Manager, and community partners meet approximately every three weeks to discuss immigration-related concerns and coordinate access to legal assistance, healthcare, food pantries, shelters, and other resources.

Fran asked whether the group also coordinates with hotlines tracking individuals detained by federal immigration authorities. Seema explained that discussions address immigration issues broadly, with the current focus on connecting individuals navigating immigration proceedings with legal assistance and other support to help them understand their status and available options for remaining in the country lawfully.

The chair acknowledged Michael Perotto, a board member who joined the meeting remotely. He stated that he had been able to hear the earlier discussion regarding the tobacco violation and requested that his attendance and vote be included in the record.

Patrick Lowe made a motion to reconsider the item to allow Michael to participate in the vote. All voted in the affirmative with Frances Anthes -yes, Joseph Kahoro -yes and Patrick Lowe – yes.

The Chair confirmed that Michael's vote would be recorded, resulting in a 4–0 vote to accept the staff recommendation to uphold the tobacco violations as reported.

11. City Council Civilian Review Board Update

The Chair provided an update on the Board's prior involvement with the proposed Civilian Review Board. The Board reviewed materials from 2021 documenting its unanimous support for the creation of a Civilian Review Board with subpoena powers, following a public hearing on institutional racism, police reform, and public health. The Board had also received presentations and information regarding the implementation of civilian review boards in other jurisdictions.

The Chair noted that the Board's interest in the issue stemmed from concerns regarding the public health implications of community violence and safe policing. In August, staff were asked to review

the Board's prior actions and consult with the City Manager regarding whether the Board of Health or Human Rights Commission should have a role moving forward.

The Chair reported that, following changes including the implementation of police body cameras and the release of reports addressing policing in Worcester, the City Manager indicated that the issue would be more appropriately addressed by the Human Rights Commission rather than the Board of Health. The Chair stated that the Board of Health remains willing to assist the Human Rights Commission if needed but that the matter is not currently on the Board's agenda.

Patrick thanked the Chair for the historical overview and noted that, although he was not a Board member at the time, he recognized the broader public concerns surrounding the issue. He emphasized the importance of maintaining a broad public health perspective when considering policies that affect Worcester residents, including tobacco regulations, policing practices, immigration enforcement, and the needs of individuals experiencing homelessness. Patrick stated that while the Civilian Review Board matter has since progressed through other City channels, the Board should continue to provide a forum for considering the public health implications of significant policies and issues affecting the community. Michael thanked Patrick for his comments and expressed his support for the perspective presented.

12. Adjournment

The Chair asked for a motion to adjourn, noting that there were no further agenda items or reports.

13. Next Meeting Date & Topics

The Board was reminded that the next meeting is scheduled for Monday, October 19, at 6:30 p.m. and will be held in person. It was noted that Michael would participate virtually due to travel.

A motion to adjourn was made by Michael Perotto. The motion passed unanimously. Joseph Kahoro -yes, Michael Perotto – yes, Patrick Lowe – yes and Frances Anthes - yes

The meeting adjourned at 7:49p.m.



The City of Worcester

Department of Health and Human Services

Division of Public Health

Division of Public Health

Seema Dixit, Commissioner - Health & Human Services

Jennifer Bradford, MD, MPH, HHS Medical Director

Nikki Nixon, MS- DPH Director

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Worcester Division of Public Health

Report to the Worcester Board of Health

Subject: First State Violation – Sale of Tobacco Product to a Minor

Business: Olympic Wine and Spirits, 345 Grafton Street, Worcester, MA 01604

Date of Violation: July 24, 2026

Hearing Date: September 30, 2026

Summary of Incident

On **July 24, 2026**, the Worcester Division of Public Health (WDPH) conducted a youth tobacco compliance check as part of the citywide tobacco enforcement program. During this operation, Kyle O'Connor, Public Health Prevention Specialist, directly observed the sale of **5 Backwoods White Cigars** to a youth, under the age of 21, at Olympic Wine and Spirits at 345 Grafton Street, Worcester.

During the transaction, the clerk did not ask the youth for their ID nor asked their date of birth. A receipt was provided after the purchase was made.

The sale constitutes a violation of **Massachusetts General Laws, Chapter 270, Section 6(b)**, which prohibits the sale of tobacco products to individuals under the age of 21.

Retailers are required to verify the purchaser's age through a valid, government-issued photographic identification, in accordance with **105 CMR 665.000** – Minimum Standards for Retail Sale of Tobacco.

The business was notified of the violation over the phone the following day and issued a **\$1,000 citation and 3-day tobacco license suspension** for this offense, consistent with the state and local penalty schedule for a **first violation within a 36-month period**.

Violation History

This is the **first violation** for this establishment within a 36-month period.



The City of Worcester

Department of Health and Human Services

Division of Public Health

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Seema Dixit, Commissioner - Health & Human Services

Jennifer Bradford, MD, MPH, HHS Medical Director

Nikki Nixon, MS- DPH Director

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Applicable Regulations

Under **Worcester Tobacco Regulations**, section H(b), a first violation within 36 months results in:

“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”

Notice of Hearing

The retailer was formally notified by phone on **September 22, 2026**, stating that the **Worcester Board of Health** will hold a **public hearing on Wednesday, September 30, 2026, at 6:30 PM** in Room 109 at 25 Meade Street, Worcester. The purpose of this hearing is to allow the retailer an opportunity to be heard before the Board votes on the proposed suspension.

Recommendation

In accordance with **105 CMR 665.000** and the **Worcester Tobacco Regulations (revised in July 2026)**, WDPH recommends that the **Worcester Board of Health** uphold the required sanction for a **first violation**:

- **\$1,000 fine (already issued), and**
- **3-day suspension of the retailer’s tobacco sales permit.**

This enforcement action is consistent with both state regulations and the City of Worcester Tobacco Control Enforcement Policy and aims to promote compliance, protect youth, and maintain public health standards across all licensed retailers.

Visit #1618495 summary:

Retailer info:

- Retailer name: Olympic Wine And Liquors
- License Number: -
- Corporation/Owner: -
- Address line 1: 345 Grafton St
- Address line 2:
- City, State: Worcester, MA
- Zip: 01604-3709

Submission info:

- Survey Submitted Date: Jul 24, 2026
- Survey Submitted Time: 02:50:47 PM
- Visit Completed By: Kyle O'Connor (# 3790)

Visit info:

- Enter Officer's or Adult Supervisor's name or ID below: Kyle OConnor
- What type of tobacco did the Purchaser attempt to purchase? Cigarillos/little cigars/blunts
- Enter the product brand: Backwoods White 5 Pack
- Was the sale made? Yes
- How much did the product cost? Enter the product price: XX.XX: 8.49
- Purchaser made payment using: \$10 bill(s)
- What is the sex of the clerk? Female
- What is the approximate age of the clerk? Teen or young adult
- Enter field notes: Clerk did not ask youth for ID or DOB before purchasing.

Photo/File 1



Photo/File 2





The City of Worcester

Department of Health and Human Services

Division of Public Health

Board of Health

Monthly Nursing Communicable Disease Report

Report Date: September 28, 2026

Reporting Period: August 1 – September 1, 2026

Contents of Report:

Brief Overview of Communicable Disease Trends

Arboviral Activity

Vaccine Corner

End of Report

1. Brief Overview of Communicable Disease Trends

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

Note-

COVID-19 and Salmonellosis show the most significant increases, indicating heightened respiratory and foodborne transmission risks.

- Several other infections (Campylobacteriosis, Streptococcus pneumonia, Pertussis, Hib) show smaller but notable rises, suggesting broader spread across multiple disease types.
- Many conditions declined or remained stable, including influenza, Group A/B Strep, Hepatitis, Anaplasmosis, and Malaria.
- Overall risk is concentrated around respiratory and foodborne pathogens, with COVID-19 and Salmonellosis representing the highest-priority areas for monitoring and prevention.

Category	Condition	July 2026	Aug 2026	Change
Respiratory	Influenza (Flu) (viral)	6	5	-1
	Novel Coronavirus (COVID-19) (viral)	13	28	+15
	Streptococcus Pneumonia (bacterial) (coughing, sneezing or direct contact with secretions)	1	2	+1
	Group A Strep (bacterial or direct contact with wounds)	7	5	-2
	Group B Strep (bacterial) (usually affects newborns and adults with chronic diseases)	2	1	-1
	Haemophilus Influenza Type B (bacterial) causes several types of infections	0	1	+1
	Bordetella Pertussis (bacteria) causes Whooping cough	0	1	+1
Foodborne Illness	Cyclosporiasis (parasite) (food or water that has been contaminated with Cyclospora oocysts)	1	0	-1
	Salmonellosis (bacterial) (contaminated food and water or direct contact through fecal-oral route)	3	10	+7
	Norovirus (viral) (contaminated food or utensils)	1	1	0

	Campylobacteriosis (bacterial) (also by animal feces contact)	1	3	+2
	Shigellosis (bacteria) leads to intestinal infection	0	1	+1
Vector Borne	Human Granulocytic Anaplasmosis (HGA) (bacteria are spread to people by tick bites)	1	0	-1
Hepatitis	Hepatitis A	0	0	0
	Hepatitis B	10	8	-2
	Hepatitis C	10	9	-1
Travel	Malaria (parasites transmitted through mosquitos)	1	0	-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. Arboviral Activity

Arboviral diseases

- Mosquito surveillance indicates active WNV transmission, with 338 positive mosquito samples statewide within the 14 counties and 11 recent human cases, including one in Worcester County; risk for Worcester County remains moderate. Plymouth County has also seen 26 positive EEE mosquito samples

- Recent rainfall and warm daytime temperatures will support increased populations of mosquito species capable of spreading WNV and EEE, raising seasonal transmission risk until the first cold frost.

- Prevention measures:

- Use EPA-approved repellents when outdoors.

- Wear long sleeves and long pants from dusk to dawn when weather permits.

- Avoid peak mosquito activity (dusk–dawn).

- Remove standing water from containers and tarps twice weekly.

- Use mosquito netting for infants in carriages or playpens.

- Pet protection: Consult veterinarians about animal-safe repellents and recommended vaccinations for WNV and EEE; report suspected animal cases to state authorities.

Check your risk level throughout the season:

[Massachusetts arbovirus update](#) | [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. Vaccine Corner

Upcoming vaccination clinics

- Three days of clinics for preschoolers are scheduled at the three Head Start schools on September 28, 29, and 30 from 12 pm to 6 pm at each school.
- This schedule allows parents to bring their children to our tents after school without missing work.
- Typically, around 100 students are vaccinated for flu across these three schools each fall.
- Per the head nurse we expect to vaccinate 70 students from these schools this Fall. Nursing students from Assumption University and Worcester State University along with at least one MRC (Medical Reserve Corp) volunteer are scheduled to help out.

Final note

The annual review of the City's respiratory illness policy for employees is complete and being sent to the City Manager's Office for signature and posting on the City website.

END OF REPORT



The City of
Worcester

WDPH & ISD BOH REPORT

Presented by:

Jennifer Bradford, MD, MPH Medical Director

&

Nicholas Antanavica CBO, LEED AP
Commissioner, Department of Inspectional Services

W O R C E S T E R

KRATOM: What is Kratom?

Kratom (*Mitragyna speciosa*) is a plant native to Southeast Asia.

There is an increase in concentrated and synthetic 7-7-hydroxymitragynine (7-OH)

Kratom products. They cause more intense opioid-like effects than natural kratom products, and can be highly variable in content, concentration, and potency.

Lower doses may cause stimulant-like effects, such as increased alertness.

Higher doses may cause opioid-like effects, such as pain relief and sedation.

KRATOM: Potential Risks and Side Effects

Withdrawal, Psychosis, delusional thinking, Itching, Seizures

Nausea, Dizziness, Constipation, Hallucinations,

Overdose can happen, especially when using highly potent products, mixing with other substances (especially opioids), or in people with a chronic health condition.

KRATOM: Potential Risks and Side Effects

Anyone can experience negative effects, but risks are higher when:

- *Using highly potent products

- *Mixing with other substances, especially opioids (like fentanyl, heroin, oxycodone, methadone), alcohol, or benzodiazepines

- *Taking while having a chronic health condition

- *Using regularly or in large amounts

Mass DPH Temporary Order (105CMR726.000) applies to all Kratom Products

Schedule I under MDPH Temporary Order 8.28.26 – 8.28.27	Schedule I under DRUG ENFORCEMENT AGENCY (DEA) Temporary Order – 8.26.26 – 8.26.28
mitragynine pseudoindoxyl	mitragynine pseudoindoxyl
dihydro-7-hydroxymitragynine (also known as MGM-15)	dihydro-7-hydroxymitragynine (also known as MGM-15)
9-fluoro-7-hydroxymitragynine (also known as MGM-16)	9-fluoro-7-hydroxymitragynine (also known as MGM-16)
The plant <i>Mitragyna speciosa</i>	NO
Mitragynine	NO
7-hydroxymitragynine (also known as 7-OH)	NO
any product held out or holding itself out to be kratom	NO

KRATOM: Statewide Regulation

The Massachusetts Department of Public Health has issued an emergency order placing all forms of kratom into Schedule I under Massachusetts law.

The order took effect **Aug. 28, 2026**, and will remain in effect for up to one year.

Kratom products are no longer permitted for sale and must be removed from shelves.

Schedule 1 Drugs

Schedule I drugs are substances that are classified by the federal government as having a high potential for abuse and no accepted medical use. This classification means they are subject to the strictest regulations and cannot be prescribed or dispensed for medical purposes.

KRATOM: Treatment and Resources

For people using kratom products who have an overdose and have reduced or stopped breathing, **naloxone** should be administered as it is for opioid-related overdose.

Naloxone is widely available without a prescription in retail stores and pharmacies.

Medications used to treat opioid use disorder, like buprenorphine, are found to be effective for treating kratom use disorder and can also improve withdrawal symptoms.

Counseling and mutual support groups can also support recovery.

EDUCATION AND ENFORCEMENT EFFORTS

- **Educational Flyers on the health risks of Kratom to increase public awareness**
 - Emailed to all retailers with active tobacco permits
 - Provided to all retailers during WDPH tobacco compliance checks
 - Sent to the representative at Worcester Public School to disseminate
 - Sent to the Division of Youth Opportunities
- **Enforcement letter detailing the temporary ban and enforcement action**
 - Emailed to all retailers with active tobacco permits
 - Provided to all retailers visited by the Inspectional Services Division

KRATOM PRODUCTS





THANK YOU