ULSTER COUNTY BOARD OF HEALTH

May 14, 2012

AGENDA

CALL TO ORDER

- **OLD BUSINESS**
  a. Approval of April 9, 2012 minutes

- **NEW BUSINESS**

  a. Director's Report:

    - Introduction – Dr. Carol Smith, MD, MPH
    - Childhood Lead Poisoning Primary Prevention Presentation
    - Ulster County Lyme Disease Advisory Committee
    - Medical Examiner Report: April Case 2012
    - Communicable Disease Program : Outbreak Updates
    - Summer Camp – Rav Tov
    - Sanitary Code Update
    - PSYCKES Database

MEETING CONCLUSION

Ulster County Board of Health
Date: Monday, May 14, 2012

Board Members		Signature
Authenrieth RN, Joan	Vice Chairman	Joan V. Authenrieth RN
Delma MD, Dominique	Secretary	Excused
Hildebrandt, Mary Ann	Member	Excused
Tack DO, Marc	Chairman	
Board Member	Vacant	
Board Member	Vacant	
Board Member	Vacant	

Department of Health		Signature
Smith, MD, MPH, Carol	Commissioner of Health	Carol Smith MD MPH
Heller MD, Douglas	Medical Examiner	
Veytia RN, MSN, Nereida	Acting PH Director/Patient Services Director	N Veytia

Guests		Signature
Qamar, Cheryl	UC Depart of MH Deputy Acting Commissioner	
Cane, Lee	Mid-Hudson League of Women Voters	Lee Cane
Dona Greenfeld	DOH	Dona Greenfeld
Allison Morris	UCDOH	

Ulster County Board of Health
May 14, 2012

Members PRESENT: Joan Authenrieth, RN, Vice Chairman
Marc Tack DO, Chairman

UCDOH PRESENT: Carol Smith, MD, MPH, Commissioner of Health
Douglas Heller, MD, Medical Examiner
Nereida Veytia, Patient Services Director

GUESTS: Cheryl Qamar, UC Department of Mental Health Deputy Commissioner
Lee Cane, Mid-Hudson League of Women Voters
Donna Greenfield, UCDOH Lead Poisoning Primary Prevention Program Coordinator
Allison Morris, UCDOH Health Education Assistant

ABSENT: Dominique Delma, MD, Secretary

EXCUSED: Mary Ann Hildebrandt, Board Member

I. **Approval of Minutes:** The approval of the April minutes was tabled until the next meeting due to a lack of a quorum.

II. **Agency Reports:**

a. Director's Update:
Ms. Veytia reported on the following:

- **UC Commissioner of Health and Mental Health:** Dr. Carol Smith was introduced as the newly appointed Commissioner of Health and Mental Health. Her CV (see attached) was distributed to the Board for review.
- **Childhood Lead Poisoning Primary Prevention Program:** Donna Greenfield, UCDOH Lead Program Coordinator and Allison Morris, UCDOH Health Education Assistant, gave an overview of this new UCDOH program to the Board. It was recommended that lead posters with contact information tear-offs be created and hung in MD offices to increase education and program referrals.
- **Lyme Disease Advisory Committee:** An overview of the newly created Lyme Disease Advisory Committee was given and the Resolution #55 (see attached) distributed. This Committee was established for the purpose of recognizing the increase of Lyme Disease within Ulster County, review the County's approach to this public health problem, study the spread of Lyme and report back its findings to the County Legislature and the County Executive.
- **Summer Camp Rav Tov:** The four Congregation Yetev Lev Camps are in an internal dispute about the rightful operator of the camps. UCDOH is working closely with the County Attorney and County Executive's office to resolve this permitting issue.
- **Sanitary Code update:** The Public Hearing to adopt the revisions of the UC Sanitary Code is scheduled in lieu of the June 11th Board of Health meeting.
- **PSYCKES Database:** Cheryl Qamar, Deputy Commissioner of UC Department of Mental Health gave an overview of a new web-based

HIPPA compliant database called PSYCKES. This tool will can be used by the Local Government Unit for service delivery coordination, planning and quality improvement. (See attached)

b. Medical Examiner:
Dr. Heller reported on the following:

- **Monthly Report:** A summary sheet of the April activity of the Medical Examiner's Office was distributed and reviewed (see attached).

c. Patient Services: Ms. Veytia reported on the following:

- Conjunctivitus Outbreak: This instance was contained in just one local practitioner's office. Currently working with the State and will have follow-up report. (See Attached)
- Varicella on Migrant Farm - 33 identified, 30 treated, 3 not treated

More than 5 individuals effected is considered an outbreak

Next Meeting: The July meeting has been cancelled and the next meeting is scheduled for August 13, 2012.

Adjournment: A motion was made to adjourn the meeting by Dr. Tack, seconded by Joan Authenrieth and unanimously approved.

Respectfully submitted by:

Katrina Kouhout

Katrina Kouhout
Secretary to the Public Health Director
On behalf of UC Board of Health

Carol M. Smith, MD, MPH

Port Ewen, New York 12466

PROFESSIONAL PROFILE

- **Physician**, Board Certified in **Internal Medicine**, with extensive experience in **Occupational and Environmental Medicine and Urgent Care Medicine**
- Experienced in working with **Ulster County** Departments of Safety, Office for Aging, UCAT, Ulster County Sheriff's Department, Ulster County Attorney, Ulster County Community College and **City of Kingston** Police, Fire and DPW
- **Master of Public Health degree** granted 05/2011
- Currently **Medical Director** of Occupational Health Services for Emergency One, a private urgent care medical practice in Kingston New York
- Former **Medical Director** for **Kingston WoR$_x$** the Kingston Hospital Occupational Health and Wellness Program
- Supervising physician Novartis Pharmaceuticals, Suffern, New York
- FAA certified **Aviation Medical Examiner**
- Additional experience in **Emergency Medicine**
- Licensed in New York and New Jersey
- Certified **Medical Review Officer** with drug testing program oversight
- Experienced in **Worker's Compensation injury management**
- Experienced in local and state government
- In depth knowledge of **OSHA and DOT regulations**
- Demonstrated strong skills in communication and **community education**
- Skilled at the development of productive relationships with professional colleagues, business customers and staff at all levels
- Developed and implemented **a peer review system** to ensure a high standard of occupational health care delivery
- Developed and managed **employee wellness programs**

WORK EXPERIENCE

Medical Director for Occupational Health Services, Emergency One Urgent Care and Occupational Health Services. Duties include serving as Medical Director of Ulster County Community College Office of Student Health Services
Kingston, New York 2003-Present

Medical Director, Kingston WoRx, Occupational Health Center of Kingston Hospital and Medical Director for the Care-a-Van the Ulster County Office for the Aging Mobile Services Unit
Kingston, New York 2000- 2003

Supervising Physician, Novartis Pharmaceuticals Corporate Employee Health Services, Suffern, New York 1995-1999

Staff Physician, Port Authority of New York and New Jersey
Office of Employee Health Services, New York, New York 1991-1995

Emergency Room Attending Physician, Staten Island University Hospital/Richmond Memorial Hospital, Staten Island, New York 1989-1991

Instructor Department of Biology, New York University, New York, New York 1979-1980

MEDICAL LICENSE

New York	#163320-1 (active)
New Jersey	#25MA04722400 (inactive)
DEA	#BS1691206 (active)

MEDICAL SPECIALTY BOARD

American Board of Internal Medicine
Certified 1991-2001
Recertification 2002-2012

MRO Certificate Number 1109167
Certified through the Medical Review Officer Certification Council 2000-2011
Re-certified 2011-2016

EDUCATION

Medical College of Wisconsin, Milwaukee, WI	M. P. H. May 20, 2011
University of Medicine and Dentistry of New Jersey, Newark, N.J.	M.D. 1984
New York University, New York, N.Y	M.S. 1980
St. Peter's College, Jersey City, N.J.	B.S. 1975

RESIDENCIES

St. Vincent's Hospital and Medical Center of New York
Resident in Internal Medicine 1987-1989

University of Medicine and Dentistry of New Jersey
Intern in Internal Medicine 1986-1987

Columbia Presbyterian Medical Center of New York
Intern and Resident in Surgery 1984-1986

HOSPITAL AFFILIATION

Health Alliance, Kingston Hospital, Kingston, N.Y. Courtesy Staff

PROFESSIONAL DEVELOPMENT

MPH program Medical College of Wisconsin
Completed Medical Liability Mutual Insurance Company Risk Management Program
American College of Physician Executives Program in **Medical Management** (in Progress)
Medical Review Officer Certification Council MRO Certification #05-06566
American College of Occupational and Environmental Medicine Basic Curriculum in Occupational Medicine
American Board of Internal Medicine Maintenance of Certification Program
Aviation Medical Examiner, Federal Aviation Administration

PUBLIC SPEAKING EXPERIENCE/COMMUNITY EDUCATION

- *Lyme Disease, What Employers Should Know* May 10, 2000 and August 23, 2000
- *Strategies for Managing Injuries in the Workplace* October 26, 2000
- *Workplace Ergonomics – Establishing A Medical Management Program* March 28, 2001
- *Management of Low Back Pain*, RNN-TV April 12, 2001
- *Occupational Medicine* WTBY-TV September 29, 2000
- *Kingston Worx Services for the Business Community* WKNY Radio March, 2001
- *Drug-Free Workplace Programs* September 13, 2001
- *Anthrax -- A Biological Weapon* October 30, 2001
- *Prevention of Musculoskeletal Injuries in Women* Kingston Hospital Women's Expo
- *Medical Requirements and Considerations for DOT and 19A Drivers* September 15, 2004
- *Sleep Apnea* April 3, 2005
- *Hypertension -- Medical, Socioeconomic, Occupational Perspectives* January 14, 2004
- *Diabetes – Medical, Socioeconomic, Occupational Perspectives* July 14, 2004
- *Prevention of Cold Induced Injuries* January 18, 2006
- *Prevention or Heat Induced Injuries and Illness* May 24, 2006
- *Occupational Medicine- What Medical Providers Should Know* July 18, 2007
- *MRSA – "Super Bug?"* November 3, 2007
- *Occupational Stress* February 4, 2009
- *Tick-borne Illness – An Overview of the Tick-borne Diseases Surveillance Program in Dutchess County,* Dutchess County Department of Health Lyme Disease Conference, June 14, 2011
- *Managing Disability in the Workplace,* July 27, 2011

RESEARCH/ PUBLICATIONS

Smith, C.M. and Strand, F.L. Neuromuscular Response of the Immature Rat to ACTH/MSH 4-10. Peptides 2(2): 197-206. 1981.

Strand, F.L. and C.M. Smith. LPH, ACTH, MSH and Motor Systems. J. Pharmac.Exp. Ther. 11: 509-533, 1980.

PROFESSIONAL SOCIETIES/ BUSINESS ORGANIZATIONS

American College of Occupational and Environmental Medicine
American College of Physicians
American College of Physician Executives
Safety and Health Council of the Hudson Valley
Employer Advisory Council of Kingston, New York
Ulster County Public Health Preparedness Committee
Town of Esopus Library Board of Trustees

REFERENCES

Available upon request

Resolution No. 55 March 20, 2012

Establishing An Ulster County Lyme Disease Advisory Committee

Referred to: The Health and Personnel Committee (Chairman Aiello and Legislators Belfiglio, Ronk, Robert Parete and Provenzano)

Legislator Robert Aiello, Chairman of the Health and Personnel Committee offers the following:

WHEREAS, the incidence of Lyme disease, and other tick borne illnesses, has steadily increased throughout the Northeast region of the United States, during the last decade, and

WHEREAS, as infected tick populations have steadily migrated west from the Atlantic shore of Connecticut, probable and confirmed cases of Lyme disease in Ulster County have recently surpassed those of Dutchess County and other surrounding communities, and

WHEREAS, public awareness and Lyme disease prevention education is recognized as an effective method of slowing the rate of increase of Lyme disease and tick borne illnesses, and

WHEREAS, the Ulster County Department of Health has enhanced its public outreach and education activities and programs, through the following:

- An annual cable TV and radio campaigns, with an emphasis Lyme disease awareness and prevention education.
- A countywide distribution of thousands of tick removal kits, along with safe and proper tick removal instructions.
- Prevention workshops at community centers, schools, health fairs, senior centers, faith based groups and other venues throughout Ulster County.
- Organized press events focused on Lyme disease awareness and prevention, conducted in partnership with the County Executive's Office, Health Alliance of the Hudson Valley and other community health organizations, and;
- A partnership with US Senator Charles Schumer to create a press event highlighting the threat of Lyme disease, along with effective prevention measures, and

WHEREAS, at a time when Lyme disease is recognized to be a more significant health threat than at any time in the past, New York State Department of Health grant funding for Lyme disease education and prevention has been cut in half, and

WHEREAS, in light of the serious threat that Lyme disease, and other tick borne illnesses, poses to the health and well-being of Ulster County residents combined with the reduction in related State aid, and

Resolution No. 55 March 20, 2012

Establishing An Ulster County Lyme Disease Advisory Committee

WHEREAS, Ulster County needs to continue to take a proactive role in the prevention, education, and research of Lyme Disease to protect and enhance the health, safety, and welfare of Ulster County residents by examining public health policy decisions, disseminating information to the public, regularly reviewing published public and private treatment guidelines and other activities related to the diagnosis, prevention, and research of Lyme Disease, and now, therefore, it be

RESOLVED, that the Ulster County Lyme Disease Advisory Committee is hereby created to study the spread of Lyme Disease and review the County's approach to this significant public health problem, and be it further

RESOLVED, that the Advisory Committee shall consist of the following members:

- The Director of the Ulster County Department of Health or his designee, who will serve as chair;
- The County Executive or his/her designee;
- The Chair of the Ulster County Legislature or his/her designee;
- The Chair of the Ulster County Health and Personnel Committee;
- The Deputy Chair of the Ulster County Health and Personnel Committee;
- A member of the Ulster County Board of Health to be selected by the Director of the Ulster County Health Department;
- A representative of the health/scientific community dealing with Lyme Disease, chosen by the Chair of the Health and Personnel Committee;
- A resident of Ulster County who has been infected with Lyme Disease, chosen by the Chair of the Health and Personnel Committee; and be it further

RESOLVED, that the Ulster County Lyme Disease Advisory Committee shall hold its first meeting no later than thirty (30) days after the approval of this resolution, and be it further

RESOLVED, that the members of the Ulster County Lyme Disease Advisory Committee shall serve without compensation other than for actual and necessary expenses within appropriations made therefor, unless otherwise provided by resolution of the County Legislature, pursuant to Section C-16 of the Ulster County Charter and Section A2-11 of the Administrative Code, and be it further

Resolution No. 55 March 20, 2012

Establishing An Ulster County Lyme Disease Advisory Committee

RESOLVED, that the Ulster County Lyme Disease Advisory Committee shall meet as needed to review current public health policies, the dissemination of information to the public, researchers, health care providers, and state and federal agencies, public and private treatment guidelines, and activities undertaken for the diagnosis, prevention, and research, and all other things related to Lyme Disease, and be it further

RESOLVED that the Ulster County Lyme Disease Advisory Committee shall submit a written report of its findings and recommendations to the County Legislature, County Executive and Director of the Department of Health no later than six months subsequent to the effective date of this Resolution for consideration, review, and appropriate action, if necessary,

and moves its adoption.

ADOPTED BY THE FOLLOWING VOTE:

AYES: 22 NOES: 0
(Absent: Legislator Roberts)

Passed Committee: Health and Personnel Committee on March 5, 2012

FINANCIAL IMPACT:
NONE

0310.2

Resolution No. 55 March 20, 2012

Establishing An Ulster County Lyme Disease Advisory Committee

STATE OF NEW YORK
ss:
COUNTY OF ULSTER

This is to certify that I, the undersigned Clerk of the Legislature of the County of Ulster have compared the foregoing resolution with the original resolution now on file in the office of said clerk, and which was adopted by said Legislature on the 20th day of March, 2012, and that the same is a true and correct transcript of said resolution and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the County of Ulster this 22nd Day of March in the year Two Thousand and Twelve.

|s| Karen L. Binder
Karen L. Binder, Clerk
Ulster County Legislature

Submitted to the County Executive this

22nd Day of March, 2012.

|s| Karen L. Binder
Karen L. Binder, Clerk
Ulster County Legislature

Approved by the County Executive this

29th Day of March, 2012.

|s| Michael P. Hein
Michael P. Hein, County Executive

Office of Mental Health

PSYCKES

WHAT IS PSYCKES?

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) is a HIPAA-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid behavioral health population. Data in PSYCKES comes from Medicaid fee-for-service and managed care claims, and includes over 3.7 million individuals with a current or past behavioral health service, diagnosis, or psychotropic medication. PSYCKES includes both clinical summaries of individual client data and quality reports that aggregate data at all levels of the mental health system. Since 2008, PSYCKES has been implemented in over 330 mental health clinics, emergency rooms, behavioral health inpatient providers and ACT teams statewide. All reports in PSYCKES can be exported to Excel or PDF format. For more information, visit the PSYCKES website at www.psyckes.org .

HOW CAN PSYCKES BE USED BY LOCAL GOVERNMENT UNIT (LGU) STAFF?

For service delivery coordination: User-friendly clinical summaries provide up to 5 years of individual client data across all treatment settings including diagnoses, medications, behavioral/medical inpatient and outpatient services, laboratory/X-ray tests, dental and vision services, and living support/transportation. Information is presented in table and graph form to support quick review of service utilization patterns. Users can drill down to review individual service claims, for example to assess trends in medication dosages and fills. This information help can support incident reviews, referrals for care coordination and establish linkages between physical and behavioral health care.

For planning, system management, and quality improvement: Quality reports summarize data on a number of quality concerns including high need and ineffectively engaged individuals, high utilization of medical and/or behavioral health emergency and inpatient services, re-hospitalizations, and preventable hospitalizations. Quality reports are linked to individual clients with quality flags. Region, county and agency reports can be used to identify foci for quality improvement efforts and support outreach.

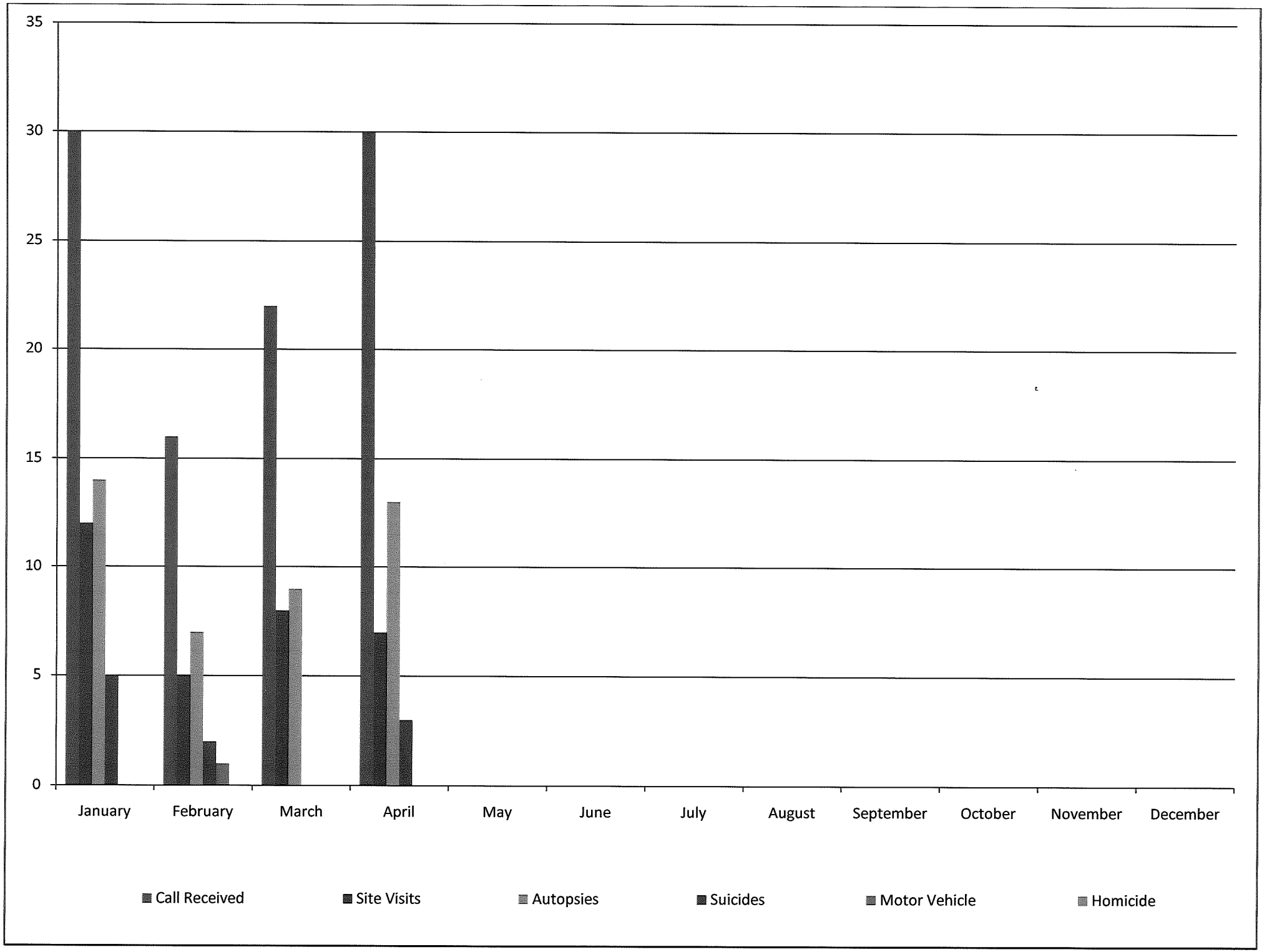
- **High Need – Ineffectively Engaged Population** – PSYCKES identifies individuals who belong to a vulnerable population and may be experiencing gaps in care.
- **High Utilization of ER/Inpatient Services** – PSYCKES identifies individuals with 4 or more emergency room visits or inpatient hospital stays in the previous 12 months, including 4 or more behavioral health ER/inpatient services, 4 or more medical ER/inpatient services, and 4 or more ER/inpatient services of any kind.
- **Readmission** – PSYCKES identifies individuals with a psychiatric readmission within 7 days of discharge and within 30 days of discharge.
- **Preventable Hospitalizations** – These indicators are based on Prevention Quality Indicators developed by the Agency for Healthcare Research and Quality, which are intended to identify population rates of hospitalizations for conditions that should be preventable with adequate outpatient care. The PSYCKES Preventable Hospitalization indicators identify individuals who are hospitalized due to asthma, diabetes, or dehydration.

Medication-related measures include flags for people on polypharmacy, on high doses of psychotropic medications, and who have an existing cardiometabolic condition and are on an antipsychotic classified as high risk for metabolic disturbance.

IS CONSENT REQUIRED TO VIEW CLIENT-LEVEL DATA?

LGU staff has state-level access to PSYCKES and therefore are able to view all data for all recipients in PSYCKES without obtaining clients' consent. However, as detailed in the High Need Data Exchange Agreement counties must complete to gain access to PSYCKES, it is an expectation of the NYS Office of Mental Health that LGU staff will view client data only in appropriate circumstances. The use of PSYCKES is audited to identify patterns of use. All state and federal laws apply with respect to confidentiality.

Medical Examiner Report 2012						
	Call Received	Site Visits	Autopsies	Suicides	Motor Vehicle	Homicides
January	30	12	14	5	0	0
February	16	5	7	2	1	0
March	22	8	9	0	0	0
April	30	7	13	3	0	0
May						
June						
July						
August						
September						
October						
November						
December						
Total	98	32	43	10	1	0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Call Received
Site Visits
Autopsies
Suicides
Motor Vehicle
Homicide

ULSTER COUNTY
DEPARTMENT OF HEALTH

300 Flatbush Avenue, Kingston, NY 12401-2740, (845) 340-3150, Fax (845) 334-8337

MICHAEL P. HEIN
County Executive

Nereida Veytia, RN, MSN
Acting Public Health Director

Health Advisory: Epidemic Keratoconjunctivitis, EKC (Viral)

Please distribute immediately to Hospital Emergency Rooms, Urgent Care Centers, Primary Care Providers.

Over the past four weeks there has been an increase in cases of viral conjunctivitis (specifically EKC) associated with an Ophthalmology office in Ulster County. In light of this increase in cases, local providers should be aware that they may see patients in their offices with viral EKC. Providers are therefore encouraged to consider EKC in the differential diagnosis of patients with a chief complaint of conjunctivitis. This advisory contains information on conjunctivitis, including viral conjunctivitis/EKC, as well as prevention and treatment guidelines.

Background

Conjunctivitis

Conjunctivitis is a common eye condition worldwide. It causes inflammation (swelling) of the conjunctiva—the thin layer that lines the inside of the eyelid and covers the white part of the eye. Conjunctivitis is often called "pink eye" or "red eye" because it can cause the white of the eye to take on a pink or red color.

The most common causes of conjunctivitis are viruses, bacteria, and allergens. Epidemic Keratoconjunctivitis is a viral type of conjunctivitis. Viral conjunctivitis is caused by infection of the eye with a virus. Viral conjunctivitis can be caused by a number of different viruses, many of which are associated with an upper respiratory tract infection, cold, or sore throat. It usually begins in one eye and may progress to the second eye within days.
It spreads easily and rapidly between people and can result in epidemics. It is typically mild, with symptoms being the worst on days 3-5 of infection. The condition usually clears up in 7-14 days without treatment and resolves without any long-term

effects. In some cases, it can take 2-3 weeks or more for viral conjunctivitis to completely clear up, depending on whether complications develop.

Symptoms of conjunctivitis can include Pink or red color in the white of the eye(s) (often one eye for bacterial and often both eyes for viral or allergic conjunctivitis. Swelling of the conjunctiva (the thin layer that lines the white part of the eye and the inside of the eyelid) and/or eyelids, increased tearing discharge of pus, especially yellow-green (more common in bacterial conjunctivitis) itching, irritation, and/or burning F feeling like a foreign body is in the eye(s) or an urge to rub the eye(s) crusting of eyelids or lashes sometimes occurs, especially in the morning. Symptoms of a cold, flu, or other respiratory infection may also be present sensitivity to bright light sometimes occurs enlargement and/or tenderness, in some cases, of the lymph node in front of the ear. This enlargement may feel like a small lump when touched. (Lymph nodes act as filters in the body, collecting and destroying viruses and bacteria.) Symptoms of allergy, such as an itchy nose, sneezing, a scratchy throat, or asthma may be present in cases of allergic conjunctivitis

Preventing the Spread of Conjunctivitis

Conjunctivitis caused by allergens is not contagious; however, viral and bacterial conjunctivitis can be easily spread from person to person and can cause epidemics. You can greatly reduce the risk of getting conjunctivitis or of passing it on to someone else by following some simple good hygiene steps. If you have infectious (viral or bacterial) conjunctivitis, you can help limit its spread to other people by following these steps: Wash your hands often with soap and warm water. If soap and water are not available, use an alcohol-based hand rub. Avoid touching or rubbing your eyes. Wash any discharge from around the eyes several times a day. Hands should be washed first and then a clean washcloth or fresh cotton ball or tissue can be used to cleanse the eye area. Throw away cotton balls or tissues after use; if a washcloth is used, it should be washed with hot water and detergent. Wash your hands with soap and warm water when done.

Wash hands after applying eye drops or ointment. Do not use the same eye drop dispenser/bottle for infected and non-infected eyes—even for the same person.Wash pillowcases, sheets, washcloths, and towels in hot water and detergent; hands should be washed after handling such items. Avoid sharing articles like towels, blankets, and pillowcases.

Clean eyeglasses, being careful not to contaminate items (like towels) that might be shared by other people. Do not share eye makeup, face make-up brushes, contact lenses and containers, or eyeglasses. Do not use swimming pools.

If you are around someone with infectious (viral or bacterial) conjunctivitis, you can reduce your risk of infection by following these steps: Wash your hands often with soap and warm water. If soap and warm water are not available, use an alcohol-based hand rub. (See CDC's Clean Hands Save Lives Web site for tips on proper hand washing.) Wash your hands after contact with an infected person or items he or she uses; for example, wash your hands after applying eye drops or ointment to an infected person's eye(s) or after putting their bed linens in the washing machine. Avoid touching or rubbing your eyes. Do not share items used by an infected person; for example, do not share pillows, washcloths, towels, eye drops, eye or face makeup, and eyeglasses. Clean and handle your contact lenses as instructed by your eye doctor.

In addition, if you have infectious conjunctivitis, there are steps you can take to avoid re-infection once the infection goes away: Throw away and replace any eye or face makeup you used while infected. Replace contact lens solutions that you used while your eyes were infected. Throw away disposable contact lenses and cases that were used while your eyes were infected. Clean extended wear lenses as directed. Clean eyeglasses and cases that were used while infected.

Treatment of Viral Conjunctivitis

Most cases of viral conjunctivitis are mild. Days 3-5 of infection are often the worst, but the infection will usually clear up in 7-14 days without treatment and without any long-term consequences. In some cases, viral conjunctivitis can take 2-3 weeks or more to clear up, especially if complications arise.

Artificial tears and cold packs may be used to relieve the dryness and inflammation (swelling) caused by conjunctivitis. (Artificial tears can be bought in stores without a doctor's prescription.) Antiviral medication can be prescribed by a physician to treat more serious forms of conjunctivitis, such as those caused by herpes simplex virus, varicella-zoster virus or EKC.

Antibiotics will not improve viral conjunctivitis—these drugs are not effective against viruses.

Please contact the Ulster County Department of Health at 845-340-3090 if you identify any new cases of viral Epidemic Keratoconjunctivitis.